

Borough of Wildwood Crest
Office of Zoning Administration
 6101 Pacific Avenue, Wildwood Crest, NJ 08260
 Phone (609) 729-8089 Fax (609) 522-7380 www.wildwoodcrest.org
 Patrick J. Malia, Zoning Official
 Brian Melchiorre, Zoning Officer

Application for Zoning Permit

 Property Address

 Block Lot (s)

 Applicant

 Property Owner

 Applicant Address

 Property Owner Address

 Applicant Phone and Fax

 Property Owner Phone and Fax

A land survey, prepared by a licensed surveyor and a plan of the proposed project are required to process this application for Zoning Permit.

___ Survey attached ___ Plan attached (all new construction) ___ Flood Elevation Certificate
 Date: _____ Date: _____ (requires lot grading & drainage plans) Date: _____

Project description:

Applicant Statement:

I, (print) _____ hereby attest that this property is:

___ Single Family/owner-occupied; ___ Single family/rented; ___ OTHER.

I also attest that all the information I have provided on this application is correct.

Signature of Owner/Applicant _____ **Date:** _____

OFFICE USE: **Zoning District:** _____ **Existing Use:** _____ **Flood Zone:** _____

FEE: _____ **Check No.:** _____ **From:** _____ **Date Received** _____ **by:** _____ **Deposit:** _____

Zoning Control #: _____

Zoning Permit # : _____

Approval Date: _____

By: _____