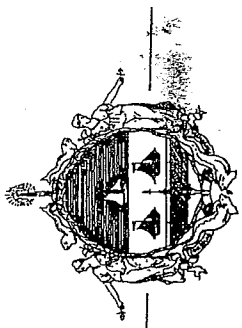


**EXHIBIT E**

CITY OF ATLANTIC CITY

DIVISION OF PLANNING  
CITY HALL - SUITE 508  
ATLANTIC CITY, NEW JERSEY 08401-4603  
(609) 347-5404  
FAX: (609) 347-5345



William D. Crane, P.P., AIC  
Planning Director

CERTIFICATE OF LAND USE COMPLIANCE

Fee: Commercial \$32.00

Residential: \$16.00

Checks or Money Order Payable To The City of Atlantic City

*T/A Shore Auto Repair II*  
Applicant's (Your) Name: Sajid Bukhari Phone: 609-289-6558

Applicant's (Your) Address: 2607 Monterey Ave A.C. N.J. 08401

Owner's Name: BARTON PASSMAN Phone: 609-344-0005

Owner's Address: 2416 FAIRMOUNT AVE A.C. N.J. 08401

Owner's Signed Consent Sajid Bukhari Date: \_\_\_\_\_

Name and Address of Professional Consultant(s): \_\_\_\_\_

Street Address of Subject Property: 2418 FAIRMOUNT AVE

Zoning District: HC Block(s) 339 Lot(s) 2

Present Use (include total number of units, describe fully):  
Auto Repair

This Application is For (fully describe proposed use and/or signage, including total number of units):  
Auto Repair Change permits  
change face of existing sign

Notice: 1) THIS CERTIFICATION MAY NOT BE THE ONLY APPROVAL REQUIRED NOR DOES IT SUBSTITUTE FOR A CERTIFICATE OF NON-CONFORMITY, BUILDING PERMIT, PERMITS REQUIRED IN FLOOD HAZARD AREAS, MERCANTILE LICENSE OR OTHER STATE AND LOCAL PERMITS. 2) THE OWNER, BY HIS "SIGNED CONSENT" ABOVE, ALSO AUTHORIZES THE RELEASE OF THE PROPERTY RECORD CARDS AND ANY OTHER DOCUMENTS TO THE APPLICANT.

Sajid FOR OFFICE USE ONLY  
Approved  Denied \_\_\_\_\_

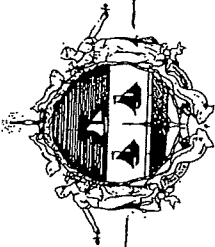
Conditions of Approval: \_\_\_\_\_

Application Number: 07-2706 Fee Received: 32.00

Date Filed: 3-13-07 Date Issued: 3/16/07

Authorization: William D. Crane, P.P., AICP, Land Use Administrator

Distribution: Construction Division \_\_\_\_\_ City Engineer \_\_\_\_\_  
Code Enforcement \_\_\_\_\_ Fire Department \_\_\_\_\_  
Mercantile Office  Tax Assessor \_\_\_\_\_  
V.I.P. Program \_\_\_\_\_ Health Department \_\_\_\_\_  
Police Department \_\_\_\_\_ Other \_\_\_\_\_



### CERTIFICATE OF LAND USE COMPLIANCE

*Olanchano* CAR REPAIR & B. SHOP.

Fee: Commercial \$32.00

Residential: \$16.00  
Checks or Money Order Payable To The City of Atlantic City

Applicant's (Your) Name: OSCAR ERASO Phone: 609-402-8646  
Applicant's (Your) Address: EOLUMA ARGUETA 601-402-8646

Owner's Name: same above Phone: \_\_\_\_\_  
Owner's Address: same \_\_\_\_\_  
Owner's Signed Consent: [Signature]

Name and Address of Professional Consultant(s): \_\_\_\_\_ Date: 06-2-08

Street Address of Subject Property: 2426 FAIRMONT AVE A.C. NJ. 08401  
Zoning District: \_\_\_\_\_ Block(s) \_\_\_\_\_ Lot(s) \_\_\_\_\_

Present Use (include total number of units, describe fully): VACANT

This Application is For (fully describe proposed use and/or signage, including total number of units):  
CAR REPAIR & BODY SHOP.

Notice: 1) THIS CERTIFICATION MAY NOT BE THE ONLY APPROVAL REQUIRED NOR DOES IT SUBSTITUTE FOR A CERTIFICATE OF NON-CONFORMITY, BUILDING PERMIT, PERMITS REQUIRED IN FLOOD HAZARD AREAS, MERCANTILE LICENSE OR OTHER STATE AND LOCAL PERMITS. 2) THE OWNER, BY HIS "SIGNED CONSENT" ABOVE, ALSO AUTHORIZES THE RELEASE OF THE PROPERTY RECORD CARDS AND ANY OTHER DOCUMENTS TO THE APPLICANT.

FOR OFFICE USE ONLY

Approved: [Signature] Denied \_\_\_\_\_

Conditions of Approval: \_\_\_\_\_

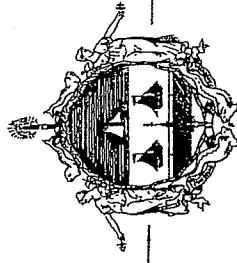
Application Number: 083475 Fee Received: [Signature]

Date Filed: 6/2/08 Date Issued: 6/10/08

Authorization: [Signature]  
William D. Crane, P.P., AICP, Land Use Administrator

Distribution:	Construction Division	<u>[Signature]</u>	City Engineer
	Code Enforcement	_____	Fire Department
	Mercantile Office	<u>[Signature]</u>	Tax Assessor
	V.I.P. Program	_____	Health Department
	Police Department	_____	Other _____

CITY OF ATLANTIC CITY



DIVISION OF PLANNING  
CITY HALL - SUITE 508  
ATLANTIC CITY, NEW JERSEY 08401-4603  
(609) 347-5404  
FAX: (609) 347-5345

William D. Crane, P.P., AICP  
Planning Director

CERTIFICATE OF LAND USE COMPLIANCE

Fee: Commercial \$32.00

Residential: \$16.00

Checks or Money Order Payable To The City of Atlantic City

Applicant's (Your) Name: Mack Crain Phone: 856 207-1623

Applicant's (Your) Address: Hig Delsen Dr. Seabell NJ 08080

Owner's Name: FRANK PASHMAN Phone: 609-3440151

Owner's Address: 2416 FAIRMONT AVE, AC, NJ

Owner's Signed Consent: [Signature] Date: 5/1/07

Name and Address of Professional Consultant(s): \_\_\_\_\_

Street Address of Subject Property: 2426 FAIRMONT AVE

Zoning District: HC Block(s) 339 Lot(s) 2

Present Use (include total number of units, describe fully): Auto Repair

Radial Dr  
This Application is For (fully describe proposed use and/or signage, including total number of units):  
1 Sign Front building above Door  
(4x6) Auto Radiator warehouse + Auto Repk

Notice: 1) THIS CERTIFICATION MAY NOT BE THE ONLY APPROVAL REQUIRED NOR DOES IT SUBSTITUTE FOR A CERTIFICATE OF NON-CONFORMITY, BUILDING PERMIT, PERMITS REQUIRED IN FLOOD HAZARD AREAS, MERCANTILE LICENSE OR OTHER STATE AND LOCAL PERMITS. 2) THE OWNER, BY HIS "SIGNED CONSENT" ABOVE, ALSO AUTHORIZES THE RELEASE OF THE PROPERTY RECORD CARDS AND ANY OTHER DOCUMENTS TO THE APPLICANT.

FOR OFFICE USE ONLY

Approved: [Signature] Denied: \_\_\_\_\_

Conditions of Approval: \_\_\_\_\_

Application Number: 072811 Fee Received: \$2.00

Date Filed: 5-3-07 Date Issued: 5/01/07

Authorization: [Signature]

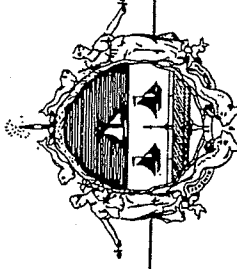
William D. Crane, P.P., AICP, Land Use Administrator

Distribution:	Construction Division	<input checked="" type="checkbox"/>	City Engineer	_____
	Code Enforcement	<input checked="" type="checkbox"/>	Fire Department	_____
	Mercantile Office	<input type="checkbox"/>	Tax Assessor	_____
	V.I.P. Program	<input type="checkbox"/>	Health Department	_____
	Police Department	<input type="checkbox"/>	Other	_____

[Signature]

CITY OF ATLANTIC CITY

DIVISION OF PLANNING  
CITY HALL - SUITES 606  
ATLANTIC CITY, NEW JERSEY 08401  
(609) 347-5404



Rev. 8/99

CERTIFICATE OF LAND USE COMPLIANCE

FEE: COMMERCIAL \$32.00  
CHECKS OR MONEY ORDER PAYABLE TO CITY OF ATLANTIC CITY

RESIDENTIAL: \$16.00

# 331692

Applicant's (Your) Name: BARTON PASYRMAN Phone: 609-344-0005 F.  
Applicant's (Your) Address: 732 N AUGUSTA DRIVE AVE AC. #87966  
Owner's Name: BARTON PASYRMAN Phone: 609-344-0005

Owner's Address: 732 N AUGUSTA DRIVE  
Owner's Signed Consent: [Signature] Date: 12/4/02

Name and Address of Professional Consultant(s): \_\_\_\_\_

Street Address of Subject Property: 2426 FAIRMOUNT AVE  
Zoning District: HC Block(s) 339 Lot(s) 2

Present Use (include total number of units, describe fully): AUTO REPAIR

This Application is For (fully describe proposed use and or signage, including total number of units):  
AUTO REPAIR & BODY REPAIR

NOTICE:1) THIS CERTIFICATION MAY NOT BE THE ONLY APPROVAL REQUIRED NOR DOES IT SUBSTITUTE FOR A CERTIFICATE OF NON-CONFORMITY, BUILDING PERMIT, PERMITS REQUIRED IN FLOOD HAZARD AREAS, MERCANTILE LICENSE OR OTHER STATE AND LOCAL PERMITS. 2) THE OWNER, BY HIS "SIGNED CONSENT" ABOVE, ALSO AUTHORIZES THE RELEASE OF THE PROPERTY RECORD CARDS AND ANY OTHER DOCUMENTS TO THE APPLICANT.

[Signature] FOR OFFICE USE ONLY DENIED \_\_\_\_\_

Conditions of Approval: \_\_\_\_\_

Application Number: 15554 Fee Received: \$22.00  
Date Filed: 12.4.02 Date Issued: 12/11/02

Authorization: [Signature]  
WILLIAM D. CRANE, P.P., AICP, LAND USE ADMINISTRATOR

Distribution: Building Department \_\_\_\_\_ City Engineer \_\_\_\_\_  
Code Enforcement \_\_\_\_\_ Fire Department [X]  
Mercantile Office [X] Tax Assessor [X]  
V.I.P. Program \_\_\_\_\_ Other \_\_\_\_\_