

**CITY OF ATLANTIC CITY
CERTIFICATE OF LAND USE COMPLIANCE**

**City of Atlantic City: (Check where applicable)
 AC Planning Division Jurisdiction**

City of Atlantic City Planning Board
1301 Bacharach Boulevard
City Hall - Suite 508
Atlantic City, NJ 08401
609-347-5404

Fee: Residential \$25
 Commercial \$50

**CRDA: (Check where applicable)
 NJ CRDA LURED Jurisdiction**

Casino Reinvestment Development Authority
15 S Pennsylvania Avenue
Atlantic City, NJ 08401
609-347-0500

Fee: Residential Condominium Unit
or Single Family \$32
 Multi-Family/Commercial \$50

Business Name: _____ Phone: _____
Applicant's Name: _____ Phone: _____
Applicant's Address: _____
E-mail Address: _____
Applicant's Signature: _____

PROPERTY INFORMATION

Street Address of Subject Property: _____
Zoning District: _____ Block(s) _____ Lot(s) _____
Prior Use (include total number of units, describe fully): _____

Proposed Use: (Please provide a description of proposed use and/or signage, including total number of units):

CERTIFICATE IN LIEU OF OATH (OWNER OR AGENT)

Owner's Name: _____
Owner's Address: _____
Owner's Email: _____
I hereby certify that I am the owner of the property that is the subject of this application.
Property Owner's Signature: _____
Agent Section: (To be completed and signed if owner in fee has authorized an agent for this application)
Agent's Name: _____
Agent's Address: _____
Agent's Email: _____
I hereby certify that I have been authorized by the owner in fee to make this application as his/her agent.
Agent's Signature: _____

Notice:1) THIS CERTIFICATION (Zoning Permit) IS NOT 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) BY PROVIDING A SIGNED CONSENT ABOVE THE OWNER ALSO AUTHORIZES THE RELEASE OF THE PROPERTY RECORD CARDS AND ANY OTHER DOCUMENTS TO THE APPLICANT. 3.) THE CERTIFICATE (Zoning Permit) WILL NOT BE ISSUED IF VIOLATIONS EXIST. 4.) THIS CERTIFICATE (Zoning Permit) IS ISSUED BASED ON TRUE AND ACCURATE INFORMATION BEING PROVIDED BY THE APPLICANT AND MAY BE RESCINDED IF IT IS DETERMINED THAT VIOLATIONS EXIST.

FOR OFFICE USE ONLY

Approved _____ Denied _____

CONDITIONS OF APPROVAL: SUBJECT TO APPLICANT'S OF ALL APPLICABLE REQUIREMENTS OF THE CITY OF ATLANTIC CITY'S CODE AND NJAC 19:66 LAND USE REGULATIONS AND COMPLIANCE WITH ALL OTHER FEDERAL, STATE, AND LOCAL LAWS.

Application Number: _____ Fee Received: _____
Date Filed: _____ Date Issued: _____
Authorization: _____

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