

## 15 South Pennsylvania Avenue Atlantic City, NJ 08401

## APPLICATION FORM For Non-conforming Use Certification

To be completed by CRDA staff only.

Date Filed:		Applicat	ion No.:	
Application Fees:		Escrow Deposit:		
Scheduled fo	or:			
	Completeness:	Review:		
1. SUBJECT P	PROPERTY			
	205 N. Florida Avenue			
Тах Мар	Page Block <u>385</u> L Page Block L	ot(s)1		
	Frontage Depth			
Zoning Distri	ctDA			
Explain in de Single-fa	tail current Use of Subject Prop amily detached.	erty:		
	f Nonconformity being sought fo	or Nonconforming	Both X	
2. APPLICAN	т			
	Misty Sparks			
Email n	nistyasparks@gmail.com			
	1717 S. 29th Street, Philadelp			
Telephone N	umber 215-868-5880			
		Partnership   Ir	ndividual 🗷	

## 3. DISCLOSURE STATEMENT

		on or partnership; list of stockholders
owning 10% of stock or 10% intere	st in partnership.	
Name		
		Interest
		Interest
		Interest
Name	Address	Interest
4. PROPERTY INFORMATION:		
Restrictions, covenants, easements	s, association by-laws,	existing or proposed on the property:
Yes [attach copies]No		
Present detailed use of the premis Single-family detached dwelling.	es:	
		ation bylaws, existing and proposed sily understandable English in order to
be approved.		
<ul> <li>a. 1961, 1981 &amp; 2024 Problem</li> <li>b. 1961 &amp; 1965 Polk Direction</li> <li>c. Deed, showing proof</li> </ul>	operty Record Cards ectory of ownership	nformity (attach said evidence hereto):
е.		
	CERTIFICATIONS	
I further certify that I am the indivi- and that I am authorized to sign th of the partnership applicant.	dual applicant or that I le application for the Co this must be signed by	ts and the materials submitted are true. am an Officer of the Corporate applicant orporation or that I am a general partner y an authorized corporate officer. If the ral partner.]
Sworn to and subscribed before m	ne this	I Cullala
NOTARY PUBLIC  Mchael C. Learn  Attorney at Law  Steen of New Jersey  ID #010901977	SIGNATURE	OF APPLICANT Les J. Callaghan
TD =01090(41)		

I certify that I am the Owner of the property which is the subject of this application, that I have authorized the applicant to make this application and that I agree to be bound by the application, the representations made and the decision in the same manner as if I were the applicant. [If the owner is a corporation, this must be signed by an authorized corporate officer. If the owner is a partnership, this must be signed by a general partner.]

Sworn to and subscribed before me this

21 day of October, 20 24

NOTARY PUBLIC

Michael C. Lecon

State of New Torsey

SIGNATURE OF OWNER

Broan J. Cellaghan Attorny for Applicant