



15 South Pennsylvania Avenue  
Atlantic City, NJ 08401

**APPLICATION FOR CERTIFICATE OF LAND USE COMPLIANCE**

(PLEASE PRINT CLEARLY)

Fees: Commercial: \$50.00. Residential: \$32.00\*  
\*Fees in accordance with Resolution 11-60 dated 6/21/11 and Resolution 15-24 dated 3/3/15.  
Check or Money Order Payable To "Casino Reinvestment Development Authority". No cash.

**BUSINESS NAME:** BELLA CONDOMINIUM ASSOCIATION  
Applicant's Name: Keith Silverman Phone: 344-8300  
Applicant's Address: 5260 PACIFIC AVENUE, ATLANTIC CITY NJ  
Applicant's Email: KeithS@BellaCondos.com  
Applicant's Signature: [Signature]

**PROPERTY INFORMATION**

Street Address: 5260 PACIFIC AVENUE Unit# \_\_\_\_\_  
Zoning District: RM-3 Block(s) G3 Lot(s) 1 Qualifier No. \_\_\_\_\_  
Prior Use (Include total number of units, number of seats if restaurant and /or bar, describe fully.):  
200 Residential Condo Units

Proposed Use (Fully describe proposed use and/or signage, including total number of units; number seats if restaurant and / or bar attach sheets if necessary):

Continued Use as 200 Residential Condo Units  
(Does not include Commercial Condo Units)

**CERTIFICATION IN LIEU OF OATH ( OWNER OR AGENT )**

**Owner Section** (To be completed by the owner in fee of the property that is the subject of this application.)

Owner's Name: Bella Condominium Assoc. Phone: 344-8300  
Owner's Address: 5260 PACIFIC AVENUE, ATLANTIC CITY NJ 08401  
Owner's Email: KeithS@BellaCondos.com

I hereby certify that I am the owner in fee of the property that is the subject of this application.

Property Owner's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Agent Section** (To be completed if owner in fee has authorized an agent for this application.)

Agent's Name: Keith Silverman  
Agent's Title: Property Manager, Bella Condominiums  
Agent's Address: 5260 PACIFIC AVENUE  
Agent's Email: KeithS@BellaCondos.com

I hereby certify that I have been authorized by the owner in fee to make this application as his/her agent.

Agent's Signature: [Signature] Date: 5/18/16

**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, LICENSE TO OCCUPY PUBLIC PROPERTY, LICENSE TO OCCUPY THE PUBLIC RIGHT OF WAY OR OTHER STATE AND LOCAL PERMITS. 2) THE AGENT BY THEIR SIGNATURE REPRESENTS THAT THE PROPERTY OWNER HAS GRANTED CONSENT TO THE AGENT TO SIGN ON THEIR BEHALF. 3) THE CERTIFICATE WILL NOT BE ISSUED IF VIOLATIONS OF CHAPTER 163 EXIST. 4) THIS CERTIFICATE IS ISSUED BASED ON TRUE AND ACCURATE INFORMATION BEING PROVIDED BY THE APPLICANT AND MAY BE RESCINDED IF IT IS DETERMINED THAT VIOLATIONS OF CHAPTER 163 EXIST.

**FOR OFFICE USE ONLY**

Approved  Denied \_\_\_\_\_

**Conditions of Approval:** Subject to applicant's satisfaction of all applicable requirements of the City of Atlantic City's Land Use Ordinances and compliance with all Federal, State and Local laws.

Application Number: 2016-05-1909 Fee Received: \$50.00 C# 3667  
Date Filed: 5/18/16 Date Issued: 5/18/16

Authorization: [Signature]

**Distribution (City Departments):**

Construction Division  City Engineer  Code Enforcement   
Police Department  Mercantile Office  Tax Assessor   
CDBG Program \_\_\_\_\_ Other \_\_\_\_\_

Emailed 5/18/16

Casino Reinvestment  
Development Authority  
Fire Department   
Health Department   
Land Use Regulation and  
Enforcement Division