

Any questions please contact Agent. 609.373.8905  
Rosanna

**CRDA**  
15 South Pennsylvania Avenue  
Atlantic City, NJ 08401

RECEIVED APR 17 2018

**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:** Iowa Condo Assoc. c/o HawkEye Property Management  
**Applicant's Name:** Shraga Pier (Board V.P.) Phone: 201.838.6667  
**Applicant's Address:** 163 Halsey St. Paramus NJ 07652  
**Applicant's Email:** shragapiet@msn.com  
**Applicant's Signature:** [Signature]

**PROPERTY INFORMATION**

**Street Address:** 33 S. Iowa Ave., Atlantic City Unit# All 31 units  
**Zoning District:** RC **Block(s)** 173 **Lot(s)** 1 **Condo. Qualifier No.** CDD...

**Prior Use** (Include total number of units, number of on-site parking spaces, number of seats if restaurant and/or bar, describe fully.):  
31 RESIDENTIAL UNITS

**Proposed Use** (Fully describe proposed use and/or signage, including total number of units, number of on-site parking spaces, number seats if restaurant and/or bar, attach sheets if necessary.):  
31 RESIDENTIAL 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:** IOWA CONDOMINIUM ASSOC Phone:  
**Owner's Address:** PO Box 875 ABSECON NJ 08201-0875  
**Owner's Email:** Shragapiet@msn.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:** [Signature] **Date:** 4/17/18

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

**Agent's Name:** Rosanna Azrak - 201-968-6111  
**Agent's Title:** Representative  
**Agent's Address:** 71 Liberty St. Passaic, NJ 07055  
**Agent's Email:** rosanna.g.2@gmail.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:** 4/17/18

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 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 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 regulations and compliance with all Federal, State and Local laws.

**Application Number:** 2018-04-2382 **Fee Received:** \$50.00 ck# 6024  
**Date Filed:** 4/17/2018 **Date Issued:** 4/20/18

**Authorization:** Robert L. Reid, AICP, PP, Land Use Regulation Enforcement Officer **Casino Reinvestment Development Authority**

**Distribution (City Departments):**  
Construction Division \_\_\_\_\_ City Engineer \_\_\_\_\_ Code Enforcement \_\_\_\_\_  
Police Department \_\_\_\_\_ Mercantile Office \_\_\_\_\_ Tax Assessor \_\_\_\_\_  
CDBG Program \_\_\_\_\_ Other \_\_\_\_\_

**APPROVED**  
Land Use Regulation and Enforcement Division  
Rev. 12/22/17

emailed 4/20/2018