

cell  
609-703-2683



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:** Brighton Towers Condominium Association  
**Applicant's Name:** Robyn Gibbs **Phone:** 609-348-3200  
**Applicant's Address:** 2834 Atlantic Ave., Atlantic City, NJ 08401  
**Applicant's Email:** robyngibbs@live.com  
**Applicant's Signature:** Robyn Gibbs

**PROPERTY INFORMATION**

**Street Address:** 2834 Atlantic Ave. **Unit#** \_\_\_\_\_  
**Zoning District:** CBD **Block(s)** 176 **Lot(s)** 1 **Condo. Qualifier No.** \_\_\_\_\_  
**Prior Use (include total number of units, number of on-site parking spaces, number of seats if restaurant and/or bar, describe fully.):**  
168 residential condo 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):**

continued use as 168 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:** Brighton Towers Condo Ass'n **Phone:** 609-348-3200  
**Owner's Address:** 2834 Atlantic Ave, Atlantic City, NJ 08401  
**Owner's Email:** robyngibbs@live.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:** Robyn Gibbs  
**Agent's Title:** Property Mgr, Brighton Towers Condo  
**Agent's Address:** 2834 Atlantic Ave.  
**Agent's Email:** robyngibbs@live.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:** Robyn Gibbs **Date:** 10/4/19

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 Code and NJAC 19:66 Land Use Regulations and compliance with all other Federal, State and Local laws.**

**Application Number:** 2019-10-2760 **Fee Received:** \$50.00 CK# 10430

**Date Filed:** 10/8/2019 **Date Issued:** 10/8/19

**Authorization:** \_\_\_\_\_  
Robert L. Reid, AICP, PP, Land Use Regulation Enforcement Officer

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

*Emailed 10/9/2019*

Casino Reinvestment  
Development Authority  
**APPROVED**  
Rev. 5/23/18  
Land Use Regulation and  
Enforcement Division