

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

<p>City of Atlantic City: (Check where applicable) <input type="checkbox"/> AC Planning Division Jurisdiction City of Atlantic City Planning Board 1301 Bacharach Boulevard City Hall - Suite 508 Atlantic City, NJ 08401 609-347-5404</p> <p>Fee: <input type="checkbox"/> Residential \$25 <input type="checkbox"/> Commercial \$50</p>	<p>CRDA: (Check where applicable) <input type="checkbox"/> NJ CRDA LURED Jurisdiction Casino Reinvestment Development Authority 15 S Pennsylvania Avenue Atlantic City, NJ 08401 609-347-0500</p> <p>Fee: <input type="checkbox"/> Residential Condominium Unit or Single Family \$32 <input type="checkbox"/> Multi-Family/Commercial \$50</p>
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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CERTIFICATE (Zoning Permit) IS ISSUED BASED ON TRUE AND ACCURATE INFORMATION BEING PROVIDED BY THE APPLICANT AND MAY BE RESCINDED IF IT IS DETERMINED THAT VIOLATIONS EXIST.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	_____