

**CITY OF ATLANTIC CITY
 CERTIFICATE OF LAND USE COMPLIANCE (Zoning Permit)**

City of Atlantic City: (Check where applicable)
AC Planning Division Jurisdiction
 City of Atlantic City Planning Board
 1301 Bacharach Boulevard
 City Hall - Suite 508
 Atlantic City, NJ 08401
 609-347-5404

Fee:
 Residential \$25
 Commercial \$50

CRDA: (Check where applicable)
NJ CRDA LURED Jurisdiction
 Casino Reinvestment Development Authority
 15 S Pennsylvania Avenue
 Atlantic City, NJ 08401
 609-347-0500

Fee:
 Residential Condominium Unit or
 Single Family \$32
 Multi-Family/Commercial \$50

Business Name: _____
 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) _____ Unit # _____
 Prior Use (include description of use, signage, total number of units, number of on-site parking spaces, seats if restaurant and or bar, describe fully):

Proposed Use: (include description of use, signage, total number of units, number of on-site parking spaces, seats if restaurant and or bar, describe fully):

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CERTIFICATE (Zoning Permit) IS ISSUED BASED ON TRUE AND ACCURATE INFORMATION BEING PROVIDED BY THE APPLICANT AND MAY BE RESCINDED IF IT IS DETERMINED THAT VIOLATIONS EXIST.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 (where applicable).

Application Number: _____ Fee Received: _____
 Date Filed: _____ Date Issued: _____

Authorization: _____

Distribution: Construction Division _____ City Engineer _____
 Code Enforcement _____ Fire Department _____
 Mercantile Office _____ Tax Assessor _____
 Health Department _____ Other _____
 Police Department _____