



15 South Pennsylvania Avenue, Atlantic City, NJ 08401

**NJ CRDA – City of Atlantic City –
Cannabis Use Zoning Letter (Form #14)**

Project Name: _____ Application # _____

Applicant Name: _____

Applicant Address: _____

Applicant Email Address: _____ Phone: _____

Property Owner Name: _____

Property Owner Address : _____

Property Owner Email Address: _____ Phone: _____

Subject Property Address: _____

Block Number: _____ Lot Number: _____

REQUIRED APPLICATION ITEMS

Note :. Two (2) copies and a digital copy in PDF format of plans and supporting documents are required as the initial submission. Application Fee for Zoning Determination Letter: \$100.00

Item #	Description	REQUIRED	SUBMITTED
1	Lease or agreement of sale between applicant and property owner identifying location.	X	
2	Letter of Support from Mayor’s Office or Resolution from City Council endorsing location	X	
3	Written Statement of intent to Comply with Ordinance #57, dated September 22, 2022, the Green Zone Redevelopment Plan, dated September 2022 and the CRDA Resolution # 22-112, dated September 20, 2022.	X	
4	Payment of Required Application Fee	X	
5	Proof of real estate taxes and other assessments paid.	X	