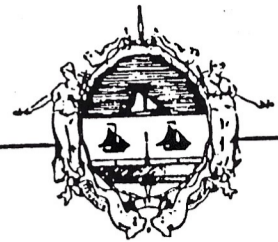


CITY OF ATLANTIC CITY



DIVISION OF PLANNING  
CITY HALL - SUITE 508  
ATLANTIC CITY, NEW JERSEY 08401  
(609) 347-5404  
FAX: (609) 347-5345

CERTIFICATE OF LAND USE COMPLIANCE

FEE: COMMERCIAL \$32.00 RESIDENTIAL: \$16.00  
CHECKS OR MONEY ORDER PAYABLE TO CITY OF ATLANTIC CITY

NOTE: This Certificate does not substitute for a Certificate of NonConformity, Building Permit, Mercantile License or other Federal, State or local permit or approval required.  
Form revised: 6/94

TO BE COMPLETED BY APPLICANT

Applicant's (Your) Name: Saul H. Cohen Phone: 344-1214  
Applicant's (Your) Address: 412-14 Atlantic Ave. Atlantic City, N.J. 08401  
Rabco Enterprises  
Owner's Name: William E. Thomas-Roger A. Minami Phone: 641-3491  
Owner's Address: 348 S. Main Street Pleasantville, N.J. 08232  
Owner's Signed Consent: [Signature] Date: 2/27/95  
Name and Address of Professional Consultant(s): \_\_\_\_\_

Street Address of Subject Property: 509 Atlantic Ave. Atlantic City, N.J.  
Zoning Classification: NC-1 Block(s) 100 Lot(s) 76  
Present Use (include total number of units, describe fully): store and Apartment

This Application is For (fully describe proposed use and or signage, including total number of units): Store and apartment 1st Fl Commercial  
2nd Fl Apartment

FOR OFFICE USE ONLY

APPROVED: \_\_\_\_\_ DENIED

Conditions of Approval: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

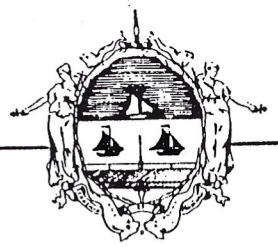
Application Number: 9865 Fee Received: \$32.00  
Date Filed: 2/28/95 Date Issued: 3.6.95

Authorization: [Signature]  
Jay T. Fiedler, Land Use Administrator, City of Atlantic City

Distribution: Building Department   
Code Enforcement   
Mercantile Office \_\_\_\_\_  
V.I.P. Program. \_\_\_\_\_  
City Engineer \_\_\_\_\_  
Fire Department   
Tax Assessor \_\_\_\_\_  
Other \_\_\_\_\_

[Handwritten mark]

CITY OF ATLANTIC CITY



DIVISION OF PLANNING  
CITY HALL - SUITE 508  
ATLANTIC CITY, NEW JERSEY 08401  
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FAX: (609) 347-5345

Form revised: 5/95

CERTIFICATE OF LAND USE COMPLIANCE

FEE: COMMERCIAL \$32.00 RESIDENTIAL: \$16.00  
CHECKS OR MONEY ORDER PAYABLE TO CITY OF ATLANTIC CITY

NOTES: 1) This Certificate does not substitute for a Certificate of NonConformity, Building Permit, Mercantile License or other Federal, State or local permit or approval required. 2) The Owner, by his "signed consent" (below), also authorizes the release of the Property Record Cards and any other documents to the Applicant.

TO BE COMPLETED BY THE APPLICANT

#97867.202

Applicant's (Your) Name: Nelson Gonzalez Phone: 345-0498  
Applicant's (Your) Address: 500 No. Elberon Ave.  
Owner's Name: Nelson Gonzalez Phone: 345-0498  
Owner's Address: 500 No. Elberon Ave.  
Owner's Signed Consent: Nelson Gonzalez Date: 9-12-95  
Name and Address of Professional Consultant(s): \_\_\_\_\_

Street Address of Subject Property: 509 Atlantic Ave. Atl. City  
Zoning Classification: NC-1 Block(s) 100 Lot(s) 76  
Present Use (include total number of units, describe fully): \_\_\_\_\_  
Vacant - Formerly Beauty Salon

This Application is For (fully describe proposed use and or signage, including total number of units): \_\_\_\_\_  
Fast-Food take out. see attached copy of plan dated 8/28/95, as revised to 9/18/95, by Calvin P. Hamilton, Architects.

FOR OFFICE USE ONLY

APPROVED: \_\_\_\_\_ DENIED

Conditions of Approval: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Application Number: 9783 Fee Received: \$32.00  
Date Filed: 9.12.95 Date Issued: 9/22/95

Authorization: [Signature]  
Jay T. Fiedler: Land Use Administrator, City of Atlantic City

Distribution: Building Department  City Engineer \_\_\_\_\_  
Code Enforcement \_\_\_\_\_ Fire Department \_\_\_\_\_  
Mercantile Office  Tax Assessor \_\_\_\_\_  
V.I.P. Program \_\_\_\_\_ Other \_\_\_\_\_



DIVISION OF PLANNING  
CITY HALL - SUITE 508  
ATLANTIC CITY, NEW JERSEY 08401  
(609) 347-5404  
FAX: (609) 347-5345

CERTIFICATE OF LAND USE COMPLIANCE

FEE: COMMERCIAL \$32.00 RESIDENTIAL: \$16.00  
CHECKS OR MONEY ORDER PAYABLE TO CITY OF ATLANTIC CITY

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Form revised: 6/94

TO BE COMPLETED BY APPLICANT

# 114642  
(609)

Applicant's (Your) Name: HAROLD MOSCÉE Phone: 345-6547

Applicant's (Your) Address: 139 N. MASS. AVE. A.C., N.J.

Owner's Name: NELSON GONZALEZ Phone: 345-0498

Owner's Address: 500 N. ELBERON AVE.

Owner's Signed Consent: [Signature] Date: 3-29-96

Name and Address of Professional Consultant(s): \_\_\_\_\_

Street Address of Subject Property: 509 ATLANTIC AVE

Zoning Classification: NC-1 Block(s) 100 Lot(s) 76

Present Use (include total number of units, describe fully): 1 UNIT

This Application is For (fully describe proposed use and or signage, including total number of units): \_\_\_\_\_

TEMPORARY CAMPAIGN OFFICE  
Previously Approved for fast food Restaurant

FOR OFFICE USE ONLY

APPROVED: \_\_\_\_\_ DENIED

Conditions of Approval: Any signage erected in conjunction with the temporary activity shall be removed at the end of the campaign.

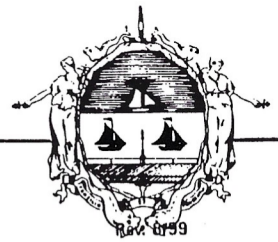
Application Number: 10,073  
Date Filed: 3-29-96

Fee Received: # 114642  
Date Issued: 4.5.96

Authorization: [Signature]  
Jay T. Fiedler: Land Use Administrator, City of Atlantic City

Distribution: Building Department	<input checked="" type="checkbox"/>	City Engineer	<input checked="" type="checkbox"/>
Code Enforcement	<input checked="" type="checkbox"/>	Fire Department	<input checked="" type="checkbox"/>
Mercantile Office	<input type="checkbox"/>	Tax Assessor	<input type="checkbox"/>
V.I.P. Program	<input type="checkbox"/>	Other	<input type="checkbox"/>

CITY OF ATLANTIC CITY



DIVISION OF PLANNING  
CITY HALL - SUITE 508  
ATLANTIC CITY, NEW JERSEY 08401  
(609) 347-5404  
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CERTIFICATE OF LAND USE COMPLIANCE

FEE: COMMERCIAL \$32.00 RESIDENTIAL: \$16.00  
CHECKS OR MONEY ORDER PAYABLE TO CITY OF ATLANTIC CITY

*H/a Toque Caribeno*

*#226876*

Applicant's (Your) Name: Luben Perez and Amadis Perez Phone: 641-6876

Applicant's (Your) Address: 2811 Hawthorn Ct. Mays Landing N.J. 08330

Owner's Name: Luben Perez and Amadis Perez Phone: \_\_\_\_\_

Owner's Address: 2811 Hawthorn Ct. Mays Landing, N.J. 08330

Owner's Signed Consent: Luben Perez Date: 11-22-99

Name and Address of Professional Consultant(s): \_\_\_\_\_

Street Address of Subject Property: 509 Atlantic Avenue

Zoning District: NC-1 Block(s) 306.00 Lot(s) 23.00

Present Use (include total number of units, describe fully): Vacant Restaurant on first floor, 2nd Fl one Apt.

This Application is For Fast Food Take-out Restaurant on ground floor, as per attached floor plan. (fully describe proposed use and/or signage, including total number of units):

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 OR OTHER STATE AND LOCAL PERMITS. 2) THE OWNER, BY HIS "SIGNED CONSENT" ABOVE, ALSO AUTHORIZES THE RELEASE OF THE PROPERTY RECORD CARDS AND ANY OTHER DOCUMENTS TO THE APPLICANT.

FOR OFFICE USE ONLY

APPROVED

DENIED

Conditions of Approval: The applicant must re-establish legal access to the rear of the property for trash removal as per right of egress recorded on 2/16/11. All exterior trash enclosures and exterior signage must be approved by this office prior to construction.

Application Number: 12,043 Fee Received: \$32.00

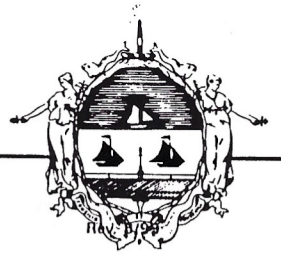
Date Filed: 11-22-99 Date Issued: 12/3/99

Authorization: [Signature]  
Jay T. Fiedler, Land Use Administrator, City of Atlantic City

Distribution: Building Department  City Engineer   
Code Enforcement  Fire Department   
Mercantile Office  Tax Assessor   
V.I.P. Program  Other Health

*[Handwritten initials]*

CITY OF ATLANTIC CITY



DIVISION OF PLANNING  
CITY HALL - SUITE 508  
ATLANTIC CITY, NEW JERSEY 08401  
(609) 347-5404  
FAX: (609) 347-5345

CERTIFICATE OF LAND USE COMPLIANCE

FEE: COMMERCIAL \$32.00 RESIDENTIAL: \$16.00  
CHECKS OR MONEY ORDER PAYABLE TO CITY OF ATLANTIC CITY

Applicant's (Your) Name: Ruben Perez AND AMYADIS Perez Phone: 344-5301  
Applicant's (Your) Address: 2811 Hawthorn Ct. MAY'S LANDINGS - N.J. 08330  
Owner's Name: Ruben Perez AND AMYADIS Perez Phone: \_\_\_\_\_  
Owner's Address: 2811 Hawthorn Ct. MAY'S LANDINGS N.J. 08330  
Owner's Signed Consent: Amadis Perez Date: \_\_\_\_\_  
Name and Address of Professional Consultant(s): \_\_\_\_\_

Street Address of Subject Property: 509 ATLANTIC AVE. A.C.  
Zoning District: NC-1 Block(s) 306.00 Lot(s) 23.00  
Present Use (include total number of units, describe fully): VACANT RESTAURANT ON FIRST FLOOR, 2ND FLOOR APT.

This Application is For (fully describe proposed use and or signage, including total number of units):  
Fast Food Take out Restaurant ON GROUND FLOOR, as per attached floor plan. Construct trash enclosure in rear of structure as per attached, & new wall sign, per attached picture.

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 OR OTHER STATE AND LOCAL PERMITS. 2) THE OWNER, BY HIS "SIGNED CONSENT" ABOVE, ALSO AUTHORIZES THE RELEASE OF THE PROPERTY RECORD CARDS AND ANY OTHER DOCUMENTS TO THE APPLICANT.

FOR OFFICE USE ONLY

APPROVED

DENIED

Conditions of Approval: \_\_\_\_\_

Application Number: 12426 Fee Received: \$ 32.00

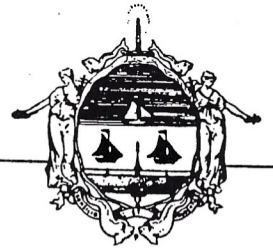
Date Filed: 12/7/00 Date Issued: 12-7-00

Authorization: \_\_\_\_\_  
Jay T. Fiedler, Land Use Administrator, City of Atlantic City

Distribution: Building Department  City Engineer \_\_\_\_\_  
Code Enforcement \_\_\_\_\_ Fire Department \_\_\_\_\_  
Mercantile Office \_\_\_\_\_ Tax Assessor \_\_\_\_\_  
V.I.P. Program \_\_\_\_\_ Other Health

CITY OF ATLANTIC CITY

DIVISION OF PLANNING  
CITY HALL - SUITE 508  
ATLANTIC CITY, NEW JERSEY 08401  
(609) 347-5404



Rev. 8/99

CERTIFICATE OF LAND USE COMPLIANCE

FEE: COMMERCIAL \$32.00 RESIDENTIAL: \$16.00  
CHECKS OR MONEY ORDER PAYABLE TO CITY OF ATLANTIC CITY

T/A - Uptown Check Cashing #000-314871  
Tel 609-287-5793

Applicant's (Your) Name: Fotini Michaelidis Phone: 609-345-7001

Applicant's (Your) Address: 4009 Ventnor Ave, Atlantic City, NJ 08401

Owner's Name: Amadis Perez & Ruben Perez Phone: \_\_\_\_\_

Owner's Address: 509 Atlantic Ave 2nd floor

Owner's Signed Consent: Ruben Perez & Amadis Perez Date: 6-24-02

Name and Address of Professional Consultant(s): N/A

Street Address of Subject Property: 509 Atlantic Ave Atlantic City 08401


Zoning District: NCL Block(s) 306 Lot(s) 23

Present Use (include total number of units, describe fully): 2nd floor apartment,  
1st floor Restaurant (vacant)

This Application is For (fully describe proposed use and or signage, including total number of units):  
2nd floor will remain as is. 1st floor will be a check cashing store, with the following services: Fax, copies, money orders, Western union, Notary Public, Mail boxes, utility payments. Signage will be attached to the building (same as is now)

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 OR OTHER STATE AND LOCAL PERMITS. 2) THE OWNER, BY HIS "SIGNED CONSENT" ABOVE, ALSO AUTHORIZES THE RELEASE OF THE PROPERTY RECORD CARDS AND ANY OTHER DOCUMENTS TO THE APPLICANT.

FOR OFFICE USE ONLY

APPROVED 

DENIED \_\_\_\_\_


Conditions of Approval: 2'x8' approved. General Business Ok. Bank ok  
Signage must be reduced to 2'x8'

Application Number: 13/66

Fee Received: 32.00

Date Filed: 7/2/02

Date Issued: 7.15.02

Authorization:   
WILLIAM D. CRANE, P.P., AICP, LAND USE ADMINISTRATOR

Distribution:	Building Department	<input checked="" type="checkbox"/>	City Engineer	_____
	Code Enforcement	<input checked="" type="checkbox"/>	Fire Department	_____
	Mercantile Office	<input checked="" type="checkbox"/>	Tax Assessor	_____
	V.I.P. Program	_____	Other	_____