

Borough of Wildwood Crest – Office of Zoning Administration

6101 Pacific Avenue, Wildwood Crest, NJ 08260

Phone (609) 522-6935 Fax (609) 729-7089 www.wildwoodcrest.org

Paul E. DiFilippo, Zoning Official

Application for Certificate of Zoning Use Compliance

Property Address: _____ **Block:** _____ **Lot(s):** _____ [Cert # _____]

Is this property transfer for a condo-owned unit? ___yes ___no

Applicant Name: _____ **Applicant standing:** _____

Address:
Phone No.
Fax No.

Property Owner Name and Address: _____

Prospective Buyer Name and Address: _____

What is the current use of the property/structure(s) for which a Certificate is Requested?

___Residential:___Single Family ___Two-Family ___Residential: Multi-family, Total No.Units _____
___Hotel/Motel: Number of Units _____ ___Business: Describe _____
___Marine Commercial _____ ___Other, describe _____

Date of Settlement: _____

Requested date for receipt of Certification: _____

I, _____ hereby certify that all the information that I provided on this application
(print name)
is correct to the best of my knowledge.

Signature of Applicant _____ **Date** _____

Date Application Received: _____ Method Received: _____ Land Use Office Only Received By: _____
Fee: _____ Check No. _____ Received From: _____ Registered/Deposit: _____
(4-26-07Rev)