

Borough of Wildwood Crest
Office of Land Use and Fire Prevention
6101 Pacific Avenue, Wildwood Crest, NJ 08260
Phone (609) 522-6935 Fax (609) 729-7089 www.wildoodcrest.org
Paul E. DiFilippo, Zoning Official Robert P. Cashioli, Asst. Zoning Officer

Application for Zoning Permit -- PASS

<hr/> Property Address	<hr/> Block	<hr/> Lot (s)
<hr/> Applicant/Contact Person	<hr/> Property Owner	
<hr/> Applicant Address	<hr/> Property Owner Address	
<hr/> Applicant Phone and Fax	<hr/> Property Owner Phone and Fax	

A land survey, prepared by licensed surveyor and a drafted sketch of the proposed project are required to process this application for Zoning Permit Pass.

___ Survey attached ___ Plan attached
Date _____ Date _____

Project description:

Applicant Statement: _____ COWCO Requirements Provided-Applicant Initials _____

I, _____ hereby attest that this property is _____ Single family owner-occupied and not rented, **OR** it is _____ Single family and rented, **OR** it is _____ OTHER. I also attest that all information I have provided on this application is correct.
(print name)

Name:(Applicant/Owner) _____ Signature: _____ Date _____
(Print)

Date Received _____ Received by _____ PASS - No Fees Required

Verification: Zone: Classification: ___SF, no rental ___ Other Verified by _____