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

Property Address

Block Lot (s)

Applicant/Contact Person

Property Owner

Applicant Address

Property Owner Address

Applicant Phone and Fax

Property Owner Phone and Fax

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

___Survey attached
Date_____

___Plan attached
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_____

Fee: **Check No.** **Date Recvd.** **By:** **Deposit:**

Verification: Zone: Classification: ___SF, no rental ____Other Verified by _____