

**Borough of Wildwood Crest
Office of Zoning Administration
6101 Pacific Avenue, Wildwood Crest, NJ 08260
Phone (609) 729-8089 Fax (609) 522-7380 www.wildwoodcrest.org
Patrick J. Malia, Zoning Official; Brian Melchiorre, Zoning Officer**

Application for Zoning Permit

Property Address	Block	Lot (s)
Applicant	Property Owner	
Applicant Address	Property Owner Address	
Applicant Phone and Fax	Property Owner Phone and Fax	

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

Survey attached
 Plan attached (all new construction
 Flood Elevation Certificate
 Date _____
 Dated _____ requires lot grading & drainage plans)
 Dated _____

Project description:

Applicant Statement: _____ **Informed Construction Office** **Initials** _____

I, (print) _____ 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 the information I have provided on this application is correct.**

Signature of Applicant _____ **Date:** _____

Co-Owner (if applicable) Name _____ **Signature** _____ **Date** _____

Verification: Zone: Classification: _____ **SF, no rental** _____ **Other** _____ **Verified By:** _____

FEE: _____ **Check No.** _____ **From:** _____ **Date Received** _____ **By:** _____ **Deposit:** _____