



CITY OF OCEAN CITY

AMERICA'S GREATEST FAMILY RESORT

DEPARTMENT OF OPERATIONS AND ENGINEERING

AMENDMENT TO APPROVED PLANS

Date _____ **Fee \$50.00** Payment Method _____

Block _____ Lot _____

Work site address _____

Contact name _____

Phone _____ E-MAIL _____ FAX _____

List below the changes requested in the approved plans for the property. Indicate area of change on approved plot plan.

-OFFICIAL USE ONLY-

ZONING OFFICIAL COMMENTS AND REVIEW

Approved _____ Date _____
 Denied _____ Date _____

ZONING OFFICE
 115 12th Street, OCEAN CITY, NJ 08226
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 EMAIL: zoning@OCNJ.US

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