



CITY OF OCEAN CITY

AMERICA'S GREATEST FAMILY RESORT

DEPARTMENT OF OPERATIONS AND ENGINEERING

RECEIPT FOR RESUBMITTALS AFTER DENIAL

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

BLOCK _____ LOT _____

ADDRESS _____

OWNER _____

APPLICANT/CONTACT PERSON _____

PHONE _____ E-MAIL _____

Please list the changes made to the plans since they were denied (information must be supplied).

You will be contacted regarding the status of this resubmittal within 10 working days of the resubmittal date.

-Official Use Only-
RESUBMITTAL REVIEW COMMENTS:

APPROVED _____

DENIED _____

Reviewer name _____ Date _____

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

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