



# CITY OF OCEAN CITY

AMERICA'S GREATEST FAMILY RESORT

DEPARTMENT OF OPERATIONS AND ENGINEERING

Application No. \_\_\_\_\_

## ZONING PERMIT APPLICATION

Complete this application by filling the blanks, answering the questions, and providing the information requested below. Please type or print all responses. The application will not be processed unless it is accompanied by the required fee as specified by ordinance for the permit.

Site Address \_\_\_\_\_ Block \_\_\_\_\_ Lot \_\_\_\_\_ Qual \_\_\_\_\_

Owner's Name \_\_\_\_\_ Phone No. \_\_\_\_\_

Applicant's Name (if different from Owner) \_\_\_\_\_ Phone No. \_\_\_\_\_

Address \_\_\_\_\_

E-mail Address \_\_\_\_\_ Fax No. \_\_\_\_\_

Existing Use of Property/Building \_\_\_\_\_

Proposed Use of Property/Building \_\_\_\_\_

Is the development site within the Historic District? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, has the proposed been subject to an application to the Historic Preservation Commission? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, attach copy of approval.

Has the development proposed been subject to an application to either the Planning Board or Zoning Board of Adjustment? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, attach copy of Board resolution and signed plans (if application approved).

Date of Approval \_\_\_\_\_ Resolution Number \_\_\_\_\_

### TYPE OF APPLICATION (check all that apply)

- |                       |                                 |                                 |
|-----------------------|---------------------------------|---------------------------------|
| New Building          | Shed                            | Concrete / Pavers (New)         |
| Detached Garage       | Fence                           | Concrete / Pavers (Replacement) |
| House Lift            | HVAC / Generator / Propane Tank | Signage (New)                   |
| Alteration / Addition | Solar Panels                    | Signage (Replacement)           |
| Change of Use         | Antenna                         | Encroachment License            |
| Pool / Spa            | Handicapped Access              | Other: _____                    |

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

### FOR OFFICIAL USE ONLY

Fee _____	Payment Method _____	Date Filed _____	By _____	<i>Initials</i>
Zoning District _____				
<b>ZONING PERMIT</b>				
Approved _____		Denied _____		By _____
Comments _____				
Authorization _____			Date _____	
<i>Signature</i>				

115 12<sup>th</sup> Street, OCEAN CITY, NJ 08226  
PH: 609-399-6111 FAX: 609-525-2496  
EMAIL: Zoning@OCNJ.US

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