



CITY OF OCEAN CITY

AMERICA'S GREATEST FAMILY RESORT

ZONING OFFICE

ZONING CONTROL 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 a check payable to the City of Ocean City in the amount as required by ordinance for the permit.

Subject property - Street Address: _____ Block(s): _____ Lot(s): _____

Applicant's Name: _____ Phone: _____

Address: _____

E-mail Address: _____ Home Improvement Con. Reg. # _____

Cell: _____ Fax: _____

Owner's Name: _____ Phone: _____

Existing Use of Property and Buildings: _____

Proposed Use of Property and Buildings: _____

Is the development site within the Historic District? Yes _____ No _____ Zoning District: _____

Is the development site within the Old City Overlay Zone? Yes _____ No _____

If Yes, is the building an Old City Overlay design? Yes _____ No _____

Design Incentives? Yes _____ No _____

Waterfront? Yes _____ No _____

Has the development proposed been subject to an application to either the Planning Board or Zoning Board of Adjustment? Yes _____ or 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
- Foundation Only
- Garage
- Pool
- Spa

Accessory Structure

- Shed
- Fence
- HVAC/Propane Tank

Other _____

- Alteration/Addition
- Change of Use
- Alteration of Land
 - Filling
 - Excavation
 - Lot Grading

- Site Improvement
 - Parking Area
 - Sign
 - Lighting
 - Drainage

Applicant Signature _____ Date _____

FOR CITY OF OCEAN CITY USE ONLY

Approved: _____	Denied: _____	Fee: _____	Date Filed: _____
Condition/Comments: _____			
Authorization: _____		Date Issued or Denied: _____	
Zoning Officer		Date Issued or Denied: _____	
Lot Grade Authorization: _____			

UNDER CONSTRUCTION			
Approved: _____	Denied: _____	Date Filed: _____	Date Filed: _____
Condition/Comments: _____			
Authorization: _____		Date Issued or Denied: _____	
Zoning Officer		Date Issued or Denied: _____	

FINAL C.O.			
Approved: _____	Denied: _____	Date Filed: _____	Date Filed: _____
Condition/Comments: _____			
Authorization: _____		Date Issued or Denied: _____	
Zoning Officer		Date Issued or Denied: _____	

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