

BUILDING DEPARTMENT  
6201 Atlantic Avenue  
Ventnor, New Jersey 08406  
(609)823-7987 Phone  
(609)823-7966 Fax

## APPLICATION CERTIFICATE OF LAND USE COMPLIANCE

Seller's Name: \_\_\_\_\_ PHONE# \_\_\_\_\_

Mailing Address of Seller: \_\_\_\_\_

STREET ADDRESS OF PROPERTY: \_\_\_\_\_

Legal Description of Property: Block \_\_\_\_\_ Lot \_\_\_\_\_ Lot Size \_\_\_\_\_

Present Use: SINGLE FAMILY \_\_\_\_\_ TWO FAMILY \_\_\_\_\_ THREE FAMILY \_\_\_\_\_  
APARTMENTS \_\_\_\_\_ (#OF UNITS) \_\_\_\_\_ OTHER \_\_\_\_\_

Owner's (Agent's Signature): \_\_\_\_\_

### LAND USE ADMINISTRATOR

Zoning Classification: R-1 ☐ R-2 ☐ RE-3 ☐ R-4 ☐ R-5 ☐ R-6 ☐ R-7 ☐ R8 ☐

R-9 ☐ R-10 ☐ R-11 ☐ COMMERCIAL ☐ DESIGN COMMERCIAL ☐

PERMITTED USE: SINGLE FAMILY \_\_\_\_\_ TWO FAMILY \_\_\_\_\_ THREE FAMILY \_\_\_\_\_  
COMMERCIAL \_\_\_\_\_ APARTMENTS \_\_\_\_\_ OTHER \_\_\_\_\_

RECEIVED ZONING BOARD APPROVAL: DATE: \_\_\_\_\_ RESOLUTION#: \_\_\_\_\_

FEE: **\$100.00** \_\_\_\_\_ MUST PICK UP: \_\_\_\_\_ CHECK # \_\_\_\_\_

CASH\$ \_\_\_\_\_ LAST FOUR DIGITS CARD# \_\_\_\_\_

RECEIVED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

AUTHORIZATION: \_\_\_\_\_ DATE: \_\_\_\_\_  
LAND USE ADMINISTRATOR

**\*\*Note:** *This Certificate does not substitute for a building permit, mercantile license or any additional local, state or federal permits or approvals which may be required.*