Borough of Wildwood Crest
Office of Zoning Administration
6101 Pacific Avenue, Wildwood Crest, NJ 08260
Phone (609) 729-8089 E: rallen@wildwoodcrest.org
Rick Allen, Zoning Official

Application for Zoning Permit

Property Address	**Block Lot (s)**
Applicant	**Property Owner**
Applicant Address	**Property Owner Address**
Applicant Phone and Email	**Property Owner Phone and Email**

A land survey, prepared by a licensed surveyor and/or plan(s) of the proposed project are required to process this application for Zoning Permit.

Survey attached _____ **Date: _____**
Plan attached (all new construction) _____ **Date: _____**
Flood Elevation Certificate _____ **Date: _____**

Project description:

_____

_____

_____

Applicant Statement:

I, (print) _____ hereby attest that this property is
_____Single Family owner-occupied and not rented
_____Single family and rented
_____OTHER _____
I also attest that all the information I have provided on this application is correct.

Signature of Applicant_____Date:_____

Co-Owner (if applicable) Name_____ Signature_____Date_____

FINAL ZONING INSPECTION REQUIRED AT COMPLETION OF ALL PROJECTS.

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(OFFICE USE ONLY)

FEE: _____Check No. _____From:_____ Date Received _____ By: _____

Zoning Control #: _____ **Zoning Permit #: _____**

Approval Date: _____ **Approved By: _____**