

**THE CITY OF WILDWOOD  
ZONING PERMIT**

**APPLICATION NO.** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**\*\* COMPLETE APPLICATIONS MUST INCLUDE PLANS IN ACCORDANCE WITH THE INSTRUCTION SHEET AND APPLICABLE FEES:**

**TYPE OF APPLICATION**

- |   |  |
|---|--|
| <input type="checkbox"/> Minor Residential Alteration | <input type="checkbox"/> Alterations to Multi-Family and/or Non-Residential Structures Const |
| <input type="checkbox"/> Residential Alterations      | <input type="checkbox"/> New Non-Residential Structures                                      |
| <input type="checkbox"/> New Single-Family Structure  | <input type="checkbox"/> Certificate of Non-Conformity                                       |
| <input type="checkbox"/> New Multi-Family Structure   | <input type="checkbox"/> Change of Occupancy   |
| <input type="checkbox"/> New Two-Family Structure     | <input type="checkbox"/> Other:describe _____  |

**PLEASE PRINT**

1. Applicant's Name: \_\_\_\_\_ Tel. No. \_\_\_\_\_  
Applicant's Address: \_\_\_\_\_
2. Property Owner's Name: \_\_\_\_\_ Tel. No. \_\_\_\_\_  
Property Owner's Address: \_\_\_\_\_
3. Location of Property for which Zoning Permit is desired: Zone: \_\_\_\_\_  
Street Address: \_\_\_\_\_ Block: \_\_\_\_\_ Lot: \_\_\_\_\_
4. Use of Property: Residential \_\_\_ Commercial \_\_\_ Office \_\_\_ Industrial \_\_\_ Other \_\_\_
5. Is property part of a Condominium Association: \_\_\_\_\_
6. Describe proposed construction, alterations, additions or changes at the subject site:  
\_\_\_\_\_
6. Is a change of occupancy or tenancy involved in the application: Yes \_\_\_ No \_\_\_  
If yes describe: \_\_\_\_\_
7. Do you presently own or have you ever owned property adjacent to the subject site:  
Yes \_\_\_ No \_\_\_ If yes describe: \_\_\_\_\_
8. Has the subject premises been the subject of prior application to the Zoning Board of Adjustment or planning board to the applicants knowledge. Yes \_\_\_ No \_\_\_ If yes  
State date: \_\_\_\_\_ Board: \_\_\_\_\_ Resolution No. \_\_\_\_\_ Decision \_\_\_\_\_

**ALL APPLICATIONS MUST BE SIGNED:**

\_\_\_\_\_  
Applicant's Signature Print Name

\_\_\_\_\_  
Property Owner Signature or Designated Agent Print Name

**OFFICE USE ONLY:**

**Based on the information submitted and the requirements of the City Zoning Ordinance, Your application for the Zoning Permit is hereby: Approved \_\_\_ Denied \_\_\_**

**Comments on Decision:** \_\_\_\_\_

\_\_\_\_\_  
**Zoning Officer** **Date**

**PERMIT FEE:** \_\_\_\_\_ **CERTIFICATE FEE:** \_\_\_\_\_ **TOTAL:** \_\_\_\_\_