

CITY OF ASBURY PARK
ONE MUNICIPAL PLAZA
ASBURY PARK, NJ 07712

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CITY COUNCIL
JOHN MOOR, MAYOR
AMY QUINN, DEPUTY MAYOR
EILEEN CHAPMAN
JESSE KENDLE
YVONNE CLAYTON

MICHAEL CAPABIANCO, CITY MANAGER

APPLICATION FOR CERTIFICATE OF ZONING COMPLIANCE

Required for: Change of use; Transfer of Title; New business operations to obtain mercantile license; Completion of development projects for resolution compliance.

APPLICATION# _____

Date submitted _____

Property Address _____ Asbury Park, NJ

Block: _____ Lot: _____ Lot size: _____ Lot Dimensions _____

Applicant _____

Address _____ Contact # _____

Property Owner _____

Applicant's Affiliation to Property Owner (Check One): Same Agent Contract Purchaser

Previous Use: _____ Proposed Use: _____

Zoning Permit Required () Yes () No Date Issued _____

Inspection Required () Yes () No Date Completed _____

Purpose/Comments: _____

I acknowledge that the Certificate of Zoning Compliance is issued based solely on the information presented to the Zoning officer on this application. I further acknowledge that the information is incomplete or misleading, the Zoning Permit may be revoked and I will be subject to possible penalties in accordance with the City of Asbury Park Land Development Ordinance.

Signature of applicant:

_____ Date: _____

FEE: \$20.00

Date paid: / /	Cash / Check / M.O.#	Received by:
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