

Building Department
6201 Atlantic Avenue
Ventnor, New Jersey 08406
(609) 823-7987 Phone
(609) 823-7966 Fax
www.ventnorcity.org

APPLICATION CERTIFICATE OF LAND USE COMPLIANCE

Seller's Name: _____

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 (Agents Signature): _____
(Date)

LAND USE ADMINISTRATOR

Zoning Classification: R-1 R-2 R-3 R-4 R-5 R-6 R-7 R-8

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: **\$50.00** _____ **MUST PICK UP** CASH: _____ CHECK# _____

AUTHORIZATION: _____ DATE: _____
LAND USE ADMINISTRATOR DATE

****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.**