CITY OF ASBURY PARK
ONE MUNICIPAL PLAZA
ASBURY PARK, NEW JERSEY 07712

PHONE: (732) 775-2100
WWW.CITYOFASBURYPARK.COM

Application for Certificate of Zoning Compliance

Required for: Change of use; Transfer of Title; Verification of Use; New business operations to obtain mercantile license; Completion of development projects for Resolution Compliance.

APPLICATION#

Property Address_____Asbury Park, NJ 07712

Block: _____Lot:_____

Applicant Name _____ Contact#: _____

Address_____ City_____ State_____ Zip_____

Email:_____

Property Owner Name:_____

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

Previous Use: _____ Proposed Use: _____
(Single Family, 2 family, Retail, Office, etc.)

Purpose/Comments (e.g., Transfer of title, New Business (explain type), Resolution Compliance, Verification of Use, etc. For new business applications, please provide a simple schematic of the layout of the space & how it will be utilized on the back of this form or attached.)

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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: $40.00

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