

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

PHONE: (732) 775-2100
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DONNA VIEIRO, INTERIM CITY MANAGER
CINDY A. DYE, RMC, CITY CLERK

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# _____

Property Address _____ Asbury Park, NJ

Block: _____ Lot: _____

Applicant Name _____ Contact#: _____

Address _____ 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.)

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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