



# CITY OF CAPE MAY

Zoning Office  
643 Washington Street  
Cape May, NJ 08204  
609-884-9555



## CERTIFICATE OF ZONING COMPLIANCE APPLICATION

The information below is necessary for the issuance of a Certificate of Zoning Compliance for the transfer of title to any building, structure or unit, within the City of Cape May. The Certificate of Zoning Compliance will be issued in accordance with Section 199-5., of the City of Cape May Code.

### Property/Tax Information Required (Please Print)

Block: \_\_\_\_\_ Lot(s): \_\_\_\_\_ Zoning District: \_\_\_\_\_

Property Address: \_\_\_\_\_  
(Street) (Unit #) (Condominium Name)

Current Owner(s) Name: \_\_\_\_\_

Current Owner(s) Mailing Address: \_\_\_\_\_  
(Street)

\_\_\_\_\_  
(State) (Zip)

Use: \_\_\_\_\_ Total Number of Units: \_\_\_\_\_

New Owner(s) Name: \_\_\_\_\_

New Owner(s) Mailing Address: \_\_\_\_\_  
(Street)

\_\_\_\_\_  
(State) (Zip)

### Applicant Information Required

Applicant(s) Name/Business: \_\_\_\_\_

Applicant Mailing Address: \_\_\_\_\_  
(Street)

\_\_\_\_\_  
(State) (Zip)

E-Mail: \_\_\_\_\_ Fax: \_\_\_\_\_ Date of Settlement: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_ Phone: \_\_\_\_\_ Fee: \$85.00

The applicant's signature above will attest that all information set forth in this application for a Zoning Certificate of Compliance and related documents submitted accurately portray the correct information is being provided.

<b>Property Access Information: Lockbox Code:</b> _____
<b>Contact Person:</b> _____ <b>Phone #:</b> _____