

APPLICATION FOR CERTIFICATE OF LAND USE COMPLIANCE Residential Condominium Unit or Single Family (Detached or Attached)

(PLEASE PRINT CLEARLY)

Fees: Residential: \$32.00*

Fees in accordance with Resolution 11-60 dated 6/21/11 and Resolution 15-24 dated 3/3/15. Check or Money Order Payable To "Casino Reinvestment Development Authority". No cash.
Applicant's Name: JUDITH L. COSTANTINO Phone: 409:344-5858
Applicant's Address: 129 5 Vicainia Ave. Atlantic City NJ 08401
Applicant's Email: 1005tanting@ radiant orco. Com
Applicant's Signature Judith A. CoStartino, agent for Owner
PROPERTY INFORMATION
Street Address: 129 S. Vicainia twe. Al. N. 0840/ Unit#
Zoning District: 75 - C Block(s) (0) Lot(s) 8 Qualifier No. 208 Ank
Prior Use: Aparyment Wine - 104 Studio/ Eff Apris
104 IBARN Apr.
Proposed Use: Apartment living - 104 Studio / Eff Acts
J 104 IBDRM Ants
CERTIFICATION IN LIEU OF OATH (OWNER OR AGENT)
Owner Section (To be completed by the owner in fee of the property that is the subject of this application.)
Owner's Name: Best of life Partners, LLC, Phone: 1009-344-5858
Owner's Address: C/o Michael Weider 691 Elizabeth Ave. Apt Z Newark NI 07112
Owner's Email Address: Wheider & Cadiant Drop. Com
I hereby certify that I am the owner in fee of the property that is the subject of this application.
Property Owner's Signature: Date:
Agent Section (To be completed and signed if owner in fee has authorized an agent for this application.)
Agent's Name: Judith L Costantino
Agent's Title: Agent for Owner
Agent's Address: 129 S. Virginia Ave Atlantic (44 N 0840)
Agent's Email: (COStantinoe Todiant prop. com
I hereby certify that I have been authorized by the owner in fee to make this application as his/her agent.
Agent's Signature: Alatter (OStartere), Clark Bate? OWIN 11/29/16
Notice: 1) THIS CERTIFICATION MAY NOT BE THE ONLY APPROVAL REQUIRED NOR DOES IT SUBSTITUTE FOR A CERTIFICATE OF NON-CONFORMITY, BUILDING PERMIT, PERMITS REQUIRED IN FLOOD HAZARD AREAS, MERCANTILE LICENSE, LICENSE TO OCCUPY PUBLIC PROPERTY, LICENSE TO OCCUPY THE PUBLIC RIGHT OF WAY OR OTHER STATE AND LOCAL PERMITS. 2) THE AGENT BY THEIR SIGNATURE REPRESENTS THAT THE PROPERTY OWNER HAS GRANTED CONSENT TO THE AGENT TO SIGN ON THEIR BEHALF. 3) THE CERTIFICATE WILL NOT BE ISSUED IF VIOLATIONS OF CHAPTER 163 EXIST. 4) THIS CERTIFICATE IS ISSUED BASED ON TRUE AND ACCURATE INFORMATION BEING PROVIDED BY THE APPLICANT AND MAY BE RESCINDED IF IT IS DETERMINED THAT VIOLATIONS OF CHAPTER 163 EXIST. FOR OFFICE USE ONLY
Approved
City's Land Use Ordinances and regulations and compliance with all Federal, State and Local laws.
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Application Number: 20/6-12-210/ Fee Received: 50,00 CK#126
Date Filed: 12/16/16
Anathorizations ()
Authorization: Robert L. Reid, AICP, PP, Dand Use Regulation Enforcement Officer.
Distribution (City Departments): Casino Henry estiment
Construction Division City Engineer Mercantile Office Tax Assessor Health Department Code Enforcement Health Department Code Enforcement Health Department Code Enforcement Health Department
CDBG Program Other APPROVED
Charled 19/16/16 Land Use Regulation and
Enforcement Division