



15 South Pennsylvania Avenue  
Atlantic City, NJ 08401

**APPLICATION FOR CERTIFICATE OF LAND USE COMPLIANCE**

(PLEASE PRINT CLEARLY)

Fees: Commercial: \$50.00. 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.

**BUSINESS NAME:**

Applicant's Name: Michael Ander Phone: 607-262-2262  
Applicant's Address: 233 Ogden Ave #1  
Applicant's Email: michael.ander@gmail.com  
Applicant's Signature: [Signature]

**PROPERTY INFORMATION**

Street Address: 143 S. South Carolina Ave Unit# \_\_\_\_\_  
Zoning District: RC Block(s) 57 Lot(s) 6 Condo. Qualifier No. \_\_\_\_\_  
Prior Use (Include total number of units, number of on-site parking spaces, number of seats if restaurant and/or bar, describe fully.):  
24 RESIDENTIAL UNITS

Proposed Use (Fully describe proposed use and/or signage, including total number of units; number of on-site parking spaces, number seats if restaurant and/or bar, attach sheets if necessary.):

CONTINUED USE AS 24 RESIDENTIAL UNITS

**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: Mark Ander ETUX Strata Phone: \_\_\_\_\_  
Owner's Address: 412-14 Atlantic Ave, Atlantic City  
Owner's Email: \_\_\_\_\_

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 if owner in fee has authorized an agent for this application.)

Agent's Name: Michael Ander  
Agent's Title: \_\_\_\_\_  
Agent's Address: 233 Ogden Ave #1  
Agent's Email: michael.ander@gmail.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: [Signature] Date: 4/25/18

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 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 EXIST.

**FOR OFFICE USE ONLY**

Approved [Signature] Denied \_\_\_\_\_

Conditions of Approval: Subject to applicant's satisfaction of all applicable requirements of the City of Atlantic City's Land Use Ordinances and regulations and compliance with all Federal, State and Local laws.

Application Number: 2018-04-2389 Fee Received: \$ 50.00

Date Filed: 4/25/18 Date Issued: 4/25/18

Authorization: \_\_\_\_\_  
Robert L. Reid, AICP, PP, Land Use Regulation Enforcement Officer

**Distribution (City Departments):**

Construction Division [Signature] City Engineer [Signature] Code Enforcement [Signature] Fire Department [Signature]  
Police Department [Signature] Mercantile Office [Signature] Tax Assessor \_\_\_\_\_ Health Department \_\_\_\_\_  
CDBG Program \_\_\_\_\_ Other \_\_\_\_\_

Emailed 4/27/18