

**CITY OF ATLANTIC CITY
CERTIFICATE OF LAND USE COMPLIANCE**

<p>City of Atlantic City: (Check where applicable) <input type="checkbox"/> AC Planning Division Jurisdiction City of Atlantic City Planning Board 1301 Bacharach Boulevard City Hall - Suite 508 Atlantic City, NJ 08401 609-347-5404</p> <p>Fee: <input type="checkbox"/> Residential \$25 <input type="checkbox"/> Commercial \$50</p>	<p>CRDA: (Check where applicable) <input checked="" type="checkbox"/> NJ CRDA LURED Jurisdiction Casino Reinvestment Development Authority 15 S Pennsylvania Avenue Atlantic City, NJ 08401 609-347-0500</p> <p>* Fee: <input type="checkbox"/> Residential Condominium Unit or Single Family \$32 <input checked="" type="checkbox"/> Multi-Family/Commercial \$50</p>
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Business Name: Biarritz Condominium Phone: 609-788-3659
 Applicant's Name: Biarritz Condominium Phone: 609-788-3659
 Applicant's Address: 37 S. Iowa Ave Atlantic City, NJ 08401
 E-mail Address: eileen@hawkkeye.com
 Applicant's Signature: [Signature]

PROPERTY INFORMATION
 Street Address of Subject Property: 37 S. Iowa Ave
 Zoning District: RC Block(s) 173 Lot(s) 21
 Prior Use (include total number of units, describe fully):
50 unit Condominium Complex

Proposed Use: (Please provide a description of proposed use and/or signage, including total number of units):
50 unit Condominium complex

CERTIFICATE IN LIEU OF OATH (OWNER OR AGENT)
 Owner's Name: Biarritz Condominium
 Owner's Address: PO Box 3182 Margate NJ 08402
 Owner's Email: Eileen@hawkkeye.com
 I hereby certify that I am the owner of the property that is the subject of this application.
 Property Owner's Signature: [Signature]

Agent Section: (To be completed and signed if owner in fee has authorized an agent for this application)
 Agent's Name: Eileen Leggio (Property Manager)
 Agent's Address: PO Box 3182 Margate NJ 08402
 Agent's Email: Eileen@hawkkeye.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]

Notice:1) THIS CERTIFICATION (Zoning Permit) IS NOT THE ONLY APPROVAL REQUIRED NOR DOES IT SUBSTITUTE FOR A CERTIFICATE OF NON-CONFORMITY, BUILDING PERMIT, PERMITS REQUIRED IN FLOOD HAZARD AREAS, MERCANTILE LICENSE OR OTHER STATE AND LOCAL PERMITS. 2) BY PROVIDING A SIGNED CONSENT ABOVE THE OWNER ALSO AUTHORIZES THE RELEASE OF THE PROPERTY RECORD CARDS AND ANY OTHER DOCUMENTS TO THE APPLICANT. 3.) THE CERTIFICATE (Zoning Permit) WILL NOT BE ISSUED IF VIOLATIONS EXIST. 4.) THIS CERTIFICATE (Zoning Permit) 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 ✓ Denied _____

CONDITIONS OF APPROVAL; SUBJECT TO APPLICANT'S OF ALL APPLICABLE REQUIREMENTS OF THE CITY OF ATLANTIC CITY'S CODE AND NJAC 19:66 LAND USE REGULATIONS AND COMPLIANCE WITH ALL OTHER FEDERAL, STATE, AND LOCAL LAWS.

Application Number: 2021-11-3096 Fee Received: \$50.00 #100 276
 Date Filed: 11/5/2021 Date Issued: 11/5/2021
 Authorization: [Signature]

Distribution:	Construction Division	_____	City Engineer	_____
	Code Enforcement	_____	Fire Department	_____
	Mercantile Office	_____	Tax Assessor	_____
	V.I.P. Program	_____	Health Department	_____
	Police Department	_____	Other	_____

Casino Reinvestment
Development Authority
APPROVED
Land Use Regulation and
Enforcement Division

REV: 1/31/20