



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: Atlantis Plaza Condominium
Applicant's Name: Atlantis Plaza Phone: 609 788 3659
Applicant's Address: 2630 Atlantic Ave Atlantic City NJ
Applicant's Email: Adriana@HawkeyeNJ.com
Applicant's Signature: Adriana Leggio

PROPERTY INFORMATION

Street Address: 2630 Atlantic Ave Unit# 04
Zoning District: CBD Block(s) 171 Lot(s) 2 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.):
There are 28 units and no off street parking.

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.):
28 UNIT RESIDENTIAL Condominium

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: ATLANTIS CONDOMINIUM Phone: _____
Owner's Address: PO BOX 57 ATLANTIC CITY NJ 08401
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: HAWKEYE Property Mgmt Adriana Leggio
Agent's Title: Property Manager
Agent's Address: PO Box 3182 Margate NJ 08402
Agent's Email: Adriana@HawkeyeNJ.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: Adriana Leggio Date: 12-5-19

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 Denied

Conditions of Approval: Subject to applicant's satisfaction 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: 2019-12-2778 Fee Received: \$50.00 CK# 100036
Date Filed: 12/9/2019 Date Issued: 12/19/19

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

Distribution (City Departments):
Construction Division City Engineer
Police Department Mercantile Office
CDBG Program Other

Casino Reinvestment
Development Authority
APPROVED
Land Use Regulation and
Enforcement Division
Rev. 5/23/18

mailed 12/9/2019