



City of Sea Isle City

MUNICIPAL SERVICES - 2ND FLOOR
 233 JOHN F. KENNEDY BLVD.
 SEA ISLE CITY, NJ 08243
 609-263-1166

EMAIL: CONSTRUCTION@SEAISLECITYNJ.US

APPLICATION FOR ZONING REVIEW & FLOODPLAIN MANAGEMENT

Complete this application by filling in the blanks, answering the questions, and providing the information requested below. Please type or print all responses. The application will not be processed unless it is accompanied by the required fee as specified by ordinance for the permit.

Site Address _____ Block _____ Lot _____ Qual _____

Owner's Name _____ Phone No. _____

Applicant's Name (if different from Owner) _____ Phone No. _____

Address _____

E-mail Address _____ Fax No. _____

Existing Use of Property/Building _____

Proposed Use of Property/Building _____

Flood Zone _____ Total cost of work for Substantial improvement determination _____

Has the development proposed been subject to an application to either the Planning Board or Zoning Board of Adjustment? Yes _____ No _____ If yes, attach copy of Board resolution and signed plans (if application approved).

Date of Approval _____ Resolution Number _____

TYPE OF APPLICATION (check all that apply)

- New Construction (\$150)
- Deck (\$75)
- House Lift (\$150)
- Alteration / Addition (\$150)
- Shed (\$75)
- Fence (\$75)
- HVAC / Generator (\$75)
- Solar Panels (\$200)
- Concrete / Pavers (New)
- Concrete / Pavers (Replacement)
- Roofing/Siding (\$75)
- Pool/Spa (\$75)
- Antenna/Wireless (\$500)
- Other: _____

Applicant's Signature _____ Date _____

FOR OFFICIAL USE ONLY

Fee _____	Payment Method _____	Date Filed _____	By _____
Flood Comments _____			<i>Initials</i>
Denied _____		Required B.F.E. _____	
ZONING PERMIT			
Approved _____		Denied _____	
By _____			
Comments _____			
Authorization _____		Date _____	
<i>Signature</i>			