

SEA ISLE CITY ZONING BOARD OF ADJUSTMENT

CERTIFICATION OF SERVICE

Applicant's Name: _____

Applicant's Address: _____

Subject Property: _____

Tax Block _____ Tax Lot(s): _____

I/We _____, of full age, being duly sworn according to law, on his/her oath, certifies as follows:

- (1) that I / we reside or conduct business at _____
- (2) that I / we am / are the appellant, applicant or applicant's attorney in this matter [*circle the title that pertains to you*];
- (3) that on _____, being at least ten (10) days prior to the hearing date on the application, I/we gave notice to all property owners within 200 feet of the subject property and all other persons whose names appeared on the certified list obtained from the Sea Isle City Tax Assessor and as listed on the Sea Isle City Zoning Board of Adjustment Application Instructions (where applicable);
- (4) that notice was given either by personal service of a notice on the property owner or by sending the notice by Certified Mail, Return Receipt Requested, as noted on the attached list of persons to be served. Certified mail receipts showing the mailing of notice to the interested persons are attached; all return receipts received from served persons are attached hereto and/or shall be forwarded to the Zoning Board Administrator prior to the hearing;
- (5) that a copy of the notice served is attached hereto and made a part hereof;
- (6) that the notice was also published in _____, the official newspaper of the municipality, on _____. Attached hereto and made part hereof is a Proof of Publication received from the official newspaper.
- (7) that also attached hereto and made a part hereof is the certified list of all property owners and other parties to whom notice was required to be sent, showing the names and addresses of the persons served and the lot and block numbers of each person's property as same appear on the Sea Isle City Tax Assessment List.
- (8) I certify that the foregoing statements made by me are true. I am aware that if any of the foregoing statements made by me is willfully false, I am subject to punishment.

Date: _____

Appellant/Applicant/Attorney for Applicants