

**SEA ISLE CITY ZONING BOARD OF ADJUSTMENT
CERTIFICATION OF PAYMENT OF TAXES AND MUNICIPAL LIENS**

Name of Appellant/Applicant: _____

Address of Subject Property: _____

Tax Block: _____ Lot(s): _____

The above-named appellant or applicant hereby certifies as follows:

1. I am the owner of the property identified above, located in the City of Sea Isle City, New Jersey. I am the appellant/applicant for development in this matter.
2. I verify that all real estate taxes for the property are current as of the date of this appeal or application, and that they will be current as of the date of the Zoning Board hearing.
3. I verify that all municipal charges against the property, such as water and sewer charges are current as of the date of this appeal or application, and that they will be current as of the date of the Zoning Board hearing.
4. I have obtained a certification from the Sea Isle City Tax Collector, attached hereto, attesting to the status of real estate taxes and municipal charges against the property.
5. I understand that I have a continuing obligation to satisfy any municipal lien against this property.
6. I certify that the foregoing statements made by me are true. I am aware that if any of the foregoing is willfully false, I am subject to punishment.

Signature of Owner/Appellant/Applicant

***Attach the certification of paid taxes provided by the
Sea Isle City Tax Collector to this form.***