

APPLICATION FOR ZONING REVIEW & FLOODPLAIN MANAGEMENT

SEA ISLE CITY CONSTRUCTION OFFICE

233 JOHN F. KENNEDY BOULEVARD, SEA ISLE CITY, NJ 08243

Phone (609)263-1166 Fax (609)263-1366 Email: construction@seaislecitynj.us

LOCATION:	BLOCK	LOT
OWNER:	PHONE #	EMAIL
OWNER ADDRESS:		
CONTRACTOR'S NAME:	PHONE #	EMAIL
CONTRACTOR'S ADDRESS:		

Description of Work: (check all that apply)

<input type="checkbox"/> Roofing*	<input type="checkbox"/> Siding*	<input type="checkbox"/> Shed*	<input type="checkbox"/> Insulation*	<input type="checkbox"/> Decks*	<input type="checkbox"/> Misc.*
<input type="checkbox"/> New Construction**	<input type="checkbox"/> Alteration**	<input type="checkbox"/> Addition**	<input type="checkbox"/> Solar Panels***	<input type="checkbox"/> Wireless Right-of-Way****	
*FEE \$75.00	**FEE 150.00	***FEE \$200.00	**** FEE \$500.00		
TOTAL PROJECT COST TO INCLUDE MATERIAL & LABOR: \$ _____ OTHER _____					
(DESCRIPTION OF DECK WORK, SPECIFY SIZE OF SHED, ETC.)					
APPLICANT'S SIGNATURE & DATE	CHECK# _____	TOTAL AMOUNT \$ _____			
	CASH _____	COLLECTED BY _____			

CONSTRUCTION OFFICE USE ONLY		
REQUIRED B.F.E.	ASSESSED VALUE OF STRUCTURE \$ _____	
FLOOD COMMENTS: _____		
DENIED _____	DATE _____	SEE PLAN REVIEW NOTES
ZONING COMMENTS: _____		
DENIED _____	DATE _____	SEE PLAN REVIEW NOTES
APPROVED _____	DATE _____	
CORNELIUS BYRNE, ZONING OFFICER & FLOODPLAIN MANAGER		