



CITY OF OCEAN CITY

AMERICA'S GREATEST FAMILY RESORT

AMENDMENT TO APPROVED PLANS

Date _____

Fee \$50.00

Block _____ Lot _____ Permit # _____

Work site address _____

Contact name _____

Phone _____ Fax _____

List below the changes requested in the approved plans for the property. Indicate area of change on approved plot plan.

-OFFICIAL USE ONLY-

ZONING OFFICIAL COMMENTS AND REVIEW

Approved _____ Date _____

Denied _____ Date _____

ZONING OFFICE
115 12th Street, OCEAN CITY, NJ 08226
PH: 609-399-6111 FAX: 609-525-2496

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