



CITY OF OCEAN CITY

AMERICA'S GREATEST FAMILY RESORT

RECEIPT FOR RESUBMITTALS AFTER DENIAL

DATE _____

Fee **\$50.00**

BLOCK _____ LOT _____

ADDRESS _____

OWNER _____

APPLICANT/CONTACT PERSON _____

PHONE _____ FAX _____

List the changes made in the plans since they were denied (information must be supplied)

You will be contacted regarding the status of this resubmittal within 10 working days of the resubmittal date.

-Official Use Only-
RESUBMITTAL REVIEW COMMENTS:

APPROVED _____

DENIED _____

_____ Date _____ Reviewer name

ZONING OFFICE
115 12th Street, OCEAN CITY, NJ 08226
PH: 609-399-6111 FAX: 609-399-8419

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