



Borough of West Wildwood
701 W. Glenwood Avenue, West Wildwood, NJ 08260
Phone: 609-522-4845 Fax: (609) 522-9055

Zoning Application/Permit

Work Site Address _____ Block _____ Lot _____

Owners Name _____

Address _____

Phone (s) _____ E-Mail _____

Description of Work (include height of fence, area of concrete,
Length of curb cut, etc.) **BE SPECIFIC**

Check one () Fence () Driveway () Curb Cut () Sidewalk () Other

Contractor Name _____

Address _____ Phone (s) _____

Signature _____ Date _____

*See attached page 2 for further Zoning Requirements for Construction

* See attached page 3 for Proof of Paid Taxes and Sewer Bills Form

OFFICIAL USE ONLY

Zoning Permit Fee - \$50.00 - Plan Review Fee \$100.00

Date of Application: _____ Fee Paid: _____ Survey _____

Approved: _____ Denied (Reason): _____

Zoning Officer Signature _____ Date _____

BOROUGH OF WEST WILDWOOD

701 W. Glenwood Avenue, West Wildwood, NJ 08260

ZONING REQUIREMENTS FOR CONSTRUCTION

***Complete Construction Application from City of Wildwood
Construction Office**

***Updated Survey of Property within five (5) years.**

*** Complete Address shown on property.**

***Proper Block/Lot numbers**

***Prior approvals: Zoning / CAFRA / (SUBMIT 2 APPROVED PLANS)**

***Resolutions attached to plans (if applicable).**

***Zoning Permit required for all sidewalk replacement and
driveways.**

***Commercial – copy of current Mercantile License.**

***Proper street address and Contractor information required on-
site (emergencies).**

***Proof of Paid Real Estate Taxes.**

***Proof of Paid Sewer Assessments.**

***Landscape Plan – New homes.**

ZONING INSPECTION REQUIRED:

- 1. During framing for flood elevations and roof height requirements.**
- 2. Final (including as built Survey) prior to issuance of CO (Certificate of Occupancy).**

BOROUGH OF WEST WILDWOOD
ZONING BOARD OF ADJUSTMENT

PROOF OF PAID TAXES AND SEWER ASSESSMENTS

This form must be submitted to the West Wildwood Tax Collector, West Wildwood, NJ 08260. It will be completed and returned to you or you may request that it be placed in the Land Use Office mail slot at Borough Hall. Regardless of method of delivery, the Zoning Board of Adjustment Secretary must receive proof no later than one week prior to the scheduled hearing date.

To be completed by and returned to Applicant/Applicant's Attorney or directed to Board Secretary through inter-office mail.

Applicant's Name and Address:

Property Owner's Name and Address:

Location of Subject Property of Application:

Street Address:

Block & Lot:

Block _____

Lot(s) _____

To be completed by Office of the Tax Collector:

TAXES:

_____ Taxes are current and paid through quarter ending _____, 20_____.

_____ Taxes are delinquent in the amount of \$ _____ as of _____.

SEWER:

_____ Sewer assessments are current and paid through _____, 20_____.

_____ Sewer assessments are delinquent in the amount of \$ _____

Date

Signature- Tax Collection Office