

SEA ISLE CITY ZONING BOARD OF ADJUSTMENT
NOTICE OF APPLICATION FOR DEVELOPMENT

Applicant's Name & Address: _____

Owner's Name & Address: _____

Subject Property, Street Address: _____
Subject Property, Block & Lot No.: _____
Zoning District _____

TAKE NOTICE that a hearing will be held before the Sea Isle City Zoning Board of Adjustment on Monday, _____, 20__ at 7:00 p.m., in the City of Sea Isle City Municipal Building at 233 John F. Kennedy Blvd., Sea Isle City, NJ to consider an Application for Development regarding the above described property. The property is/will be developed with _____.
Applicant seeks variance relief to do the following _____

In order to do this, the Applicant is seeking the following variances from the Sea Isle City Zoning Ordinance: _____

Maps and documents relating to this matter will be available for public inspection ten (10) days prior to the hearing date, during normal business hours, through the Clerk of the Zoning Board of Adjustment, within the Construction Office of Sea Isle City's Municipal Services -2nd Floor, 233 John F. Kennedy Blvd., Sea Isle City, NJ.

If you wish to make a statement or offer evidence concerning this application, you must appear in person at the hearing or through an attorney or agent. The Zoning Board cannot accept petitions or letters, and must rely on live testimony.

This notice is given pursuant to N.J.S.A. 40:55D-11, et seq.

Name of Applicant or Attorney
Address, Telephone Number