



CITY OF OCEAN CITY

AMERICA'S GREATEST FAMILY RESORT

DEPARTMENT OF COMMUNITY SERVICES
ZONING OFFICE

FINAL ZONING COMPLIANCE

Allow Ten Working Days

Date Submitted: _____ Settlement Date: _____ Fee: \$_____ Check#: _____

Work Site Address: _____

Block: _____ Lot: _____ Zone: _____ Contact Person: _____

Phone # Business: _____ Cell: _____ Fax: _____

Type of Review (Check All That Apply)

- | | | |
|--|--|--|
| <input type="checkbox"/> New Building | <input type="checkbox"/> Addition/Alteration | <input type="checkbox"/> Fence |
| <input type="checkbox"/> Old City Overlay | <input type="checkbox"/> Garage | <input type="checkbox"/> Other (explain below) |
| <input type="checkbox"/> Design Incentives | <input type="checkbox"/> Shed | |

-Official Use Only-

Zoning Compliance Inspector: _____ Date: _____

- | | | |
|--|---|---|
| <input type="checkbox"/> Building Height | <input type="checkbox"/> Driveway Apron | <input type="checkbox"/> Sidewalk |
| <input type="checkbox"/> Building Coverage | <input type="checkbox"/> Parking Spaces | <input type="checkbox"/> Landscape stones |
| <input type="checkbox"/> Impervious Coverage | <input type="checkbox"/> Parking Buffers | <input type="checkbox"/> Landscape Timbers |
| <input type="checkbox"/> Front Yard Setbacks | <input type="checkbox"/> Habitable Stories | <input type="checkbox"/> Design Incentives |
| <input type="checkbox"/> Side Yard Setbacks | <input type="checkbox"/> 1/2 Story | <input type="checkbox"/> Garage Doors |
| <input type="checkbox"/> Rear Yard Setbacks | <input type="checkbox"/> Street Trees | <input type="checkbox"/> Grass/Irrigation or Vegetation |
| <input type="checkbox"/> HVAC Screened | <input type="checkbox"/> Pilings Screened | <input type="checkbox"/> Screening Below Porch |
| <input type="checkbox"/> House Numbers | <input type="checkbox"/> Elevation Cert | <input type="checkbox"/> Storage Areas |
| <input type="checkbox"/> Grades | <input type="checkbox"/> HPC | <input type="checkbox"/> Zoning Board |
| <input type="checkbox"/> Planning Board | <input type="checkbox"/> Gutters/Downspouts | <input type="checkbox"/> Curb/Street Damage |

RESULT: (Check One)

Full Compliance **Approved by:** _____ **Date:** _____
Signature

Partial Compliance **The following items are not in compliance at this time:**

DATE ANTICIPATED FOR FULL COMPLIANCE: _____ (_____ Days)

Re-Inspection by _____ Date _____

Result: (Check One)

Full Compliance **Approved by:** _____ **Date:** _____
Signature

Partial Compliance **The Following Actions Are Being Taken At This Time:**
