



PERMIT # _____

CITY OF ABSECON
CONSTRUCTION & CODE ENFORCEMENT OFFICE
500 MILL ROAD, ABSECON, N.J. 08201
Phone: (609) 641-0663 ext. 113 / Fax: (609) 645-5098

APPLICATION FOR A TRANSIENT ACCOMMODATION LICENSE

Please print

Date _____

Property _____

Block _____ Lot _____ Qualifier _____

Owner _____ Phone # () _____

Owner's Address _____

USE _____

Rental Property Permit Number _____

Fee \$500 _____

I agree to comply with the statutory requirements contained in P.L.2019,c.235:

Signature

License Approved By _____ **Date** _____

License Expiration _____