Karen Gallagher

From: Chris Wood
Sent: Monday, March 23, 2020 9:48 AM
To: Karen Gallagher
Subject: FW: OPRA request - Email addresses of all Diplomat beach club condo owners

Received
3/23/2020

-----Original Message-----
From: Diplomat Condo Owner [mailto:opra+request-10420-75d2bc9e@requests.opramachine.com]
Sent: Sunday, March 22, 2020 2:18 PM
To: Chris Wood
Subject: OPRA request - Email addresses of all Diplomat beach club condo owners

Dear Wildwood City,

This is a request for public records made under OPRA and the common law right of access. I am not required to fill out an official form. Please acknowledge receipt of this message.
Records requested:All email addresses of all condo owners of the Diplomat Beach club 225 East Wildwood Ave 08260.The email addresses are found on the Mercantile licenses applications.I would like all the Mercantile license applications of all the condo owners of the Diplomat Beach club 225 East Wildwood Ave 08260.

Yours faithfully,a condo owner

Please use deliver records electronically via email to the below UNIQUE address for all replies to this request:
opra+request-10420-75d2bc9e@requests.opramachine.com

Is cwood@wildwoodnj.org the wrong address for OPRA requests to Wildwood City? If so, please contact us using this form:
https://opramachine.com/change_request/new?body=wildwood_city

Disclaimer: This message and any reply that you make will be published on the internet. Our privacy and copyright policies:
https://opramachine.com/help/officers

View this OPRA request & responses online:
https://opramachine.com/request/email_addresses_of_all_diplomat

Please note that in some cases publication of requests and responses will be delayed.

If you find this service useful as an OPRA custodian, please ask your web manager to link to us from your organisation's website.

Rcvd Comp = ACCT# 07096

Date of Receipt by Clerk's Office:

RECEIVED
FEB 03
CITY CLERK'S OFFICE

Incomp.

DO NOT WRITE ABOVE THIS LINE.

Bill Mailed: 3/11/14

City of Wildwood

Rental Housing Mercantile License Application

License Term: May 1, 2014 – April 30, 2015

Property Street Address:	225 E. Wildwood Ave. Units 115 Wildwood, N.J. 08260
Property Trade Name, if applicable:	Diplomat Beach Club
Name of Property Owner of Record:	Elaine Ross
Property Owner's mailing address:	22 Aston Ct., Aston, PA 19014
Property Owner's phone number:	6104947398 home; [redacted]
Property Owner's email:	Elaine7677@MSN.Com
Name of Property Manager or Agent:	Sherley Kaulf - Diplomat Beach Club
Manager/Agent's address:	225 E. Wildwood Ave., Wildwood, N.J.
Manager/Agent's phone number:	609-7295200
Manager/Agent's email:	—
Emergency Contact person & phone number:	Susan Cheheng [redacted]
Number of dwelling units on the property:	88
Number of dwelling units to be leased or made available to others:	— 1
Number of sleeping rooms, in all dwelling units to made available to others:	— 1

A floor plan sketch must be attached which shows each sleeping room and the dimensions of ALL rooms, including lavatories and utility rooms.

Insurance Company: Mount Vernon Ins. Co. Policy # [redacted]

Location of Shut Off Valves:

Electric: — Nat. Gas: —

Water: — Propane: —

Circle all months this property or part of it will be or may be available to be occupied by anyone other than the owner:

January February March April (May) (June) (July) (August) (September) October November December

Is the property fully occupied by a tenant(s) who have year round/12 month lease(s)? NO If yes, attach lease(s) or other proof. If lease(s) or other proof is/are not attached the property will be considered a seasonally rented property.

Are all property taxes, sewer fees, water fees and municipal assessments and fire inspection fees paid and up to date? —

The undersigned certifies that the information supplied herein is true and correct. Applicant certified he/she will comply with all provisions pertinent to NJ Statues, Regulations and Municipal Ordinances. If failing to do so, applicant acknowledges that the mercantile license to be issued shall be subject to revocation. Applicant hereby consents to the inspection of the premises by authorized inspectors of the City of Wildwood, at reasonable times and upon reasonable notice, for the purpose of determining whether or not said premises comply with applicable property maintenance codes of the City of Wildwood.

ELAINE ROSS — Print name

Elaine Ross — Signature

1/30/14 — Date

DO NOT WRITE BELOW THIS LINE.

Property address _____ Date of City's inspection _____

Official who completed inspection: _____ Occupancy limit: 1

Approval or Referral to the Governing Body

Chief of Police

Approval: ✓ I, the Chief of Police for the City of Wildwood, have no objection to the issuance of this license.

Or

Signature

Referral: _____ I, the Chief of Police for the City of Wildwood, have concerns about the issuance of this license which should be addressed by the City's governing body before any license may be issued.

Signature

Fire Official

Approval: ✓ I, the Fire Official for the City of Wildwood, have no objection to the issuance of this license.

Or

Signature 3/4/14

Referral: _____ I, the Fire Official for the City of Wildwood, have concerns about the issuance of this license which should be addressed by the City's governing body before any license may be issued.

Signature

Property Inspector

Approval: ✓ I, the Property Inspector for the City of Wildwood, have no objection to the issuance of this.

Or

Signature

Referral: _____ I, the Property Inspector for the City of Wildwood, have concerns about the issuance of this license which should be addressed by the City's governing body before any license may be issued.

Signature

If Referred, Governing Body Action:

_____ License Granted _____ Conditional License Granted _____ License Denied Date of Action: _____

Bill mailed: 2/28/14

Date of Receipt by Clerk's Office:

ACCT# 07236

DO NOT WRITE ABOVE THIS LINE.

City of Wildwood
Rental Housing Mercantile License Application
License Term: May 1, 2014 – April 30, 2015

Property Street Address:	225 E. Wildwood Ave, Wildwood, NJ 08260 (Unit 414)
Property Trade Name, if applicable:	Diplomat Condominium Association
Name of Property Owner of Record:	Payne NJ Properties LLC
Property Owner's mailing address:	18 McCormick Place, Staten Island, NY 10305
Property Owner's phone number:	718 447-7315
Property Owner's email:	Jim1399@Verizon.net
Name of Property Manager or Agent:	Shirley Kaulf
Manager/Agent's address:	225 E. Wildwood Ave, Wildwood, NJ 08260
Manager/Agent's phone number:	609 729-5200
Manager/Agent's email:	Info@DiplomatSuites.com
Emergency Contact person & phone number:	Shirley Kaulf [redacted]
Number of dwelling units on the property:	1
Number of dwelling units to be leased or made available to others:	1 (UNIT 414)
Number of sleeping rooms, in all dwelling units to made available to others:	3

A floor plan sketch must be attached which shows each sleeping room and the dimensions of ALL rooms, including lavatories and utility rooms.

Insurance Company: Mesa Underwriters Insurance Policy # [redacted]

Location of Shut Off Valves:

Electric: in unit by door Nat. Gas: None

Water: Main valve, Electrical Rm, 1st flr Propane: None

Circle all months this property or part of it will be or may be available to be occupied by anyone other than the owner:

January February March (April) (May) (June) (July) (August) (September) (October) November December

Is the property fully occupied by a tenant(s) who have year round/12 month lease(s)? No If yes, attach lease(s) or other proof. If lease(s) or other proof is/are not attached the property will be considered a seasonally rented property.

Are all property taxes, sewer fees, water fees and municipal assessments and fire inspection fees paid and up to date? Yes 8/1/14

The undersigned certifies that the information supplied herein is true and correct. Applicant certified he/she will comply with all provisions pertinent to NJ Statues, Regulations and Municipal Ordinances. If failing to do so, applicant acknowledges that the mercantile license to be issued shall be subject to revocation. Applicant hereby consents to the inspection of the premises by authorized inspectors of the City of Wildwood, at reasonable times and upon reasonable notice, for the purpose of determining whether or not said premises comply with applicable property maintenance codes of the City of Wildwood.

James W. Payne. James W Payne 7/31/14
Print name Signature Date

DO NOT WRITE BELOW THIS LINE.

Property address 225 E. Magnolia Date of City's inspection 7-10-14

Official who completed inspection: Manno Occupancy limit: 4

Approval or Referral to the Governing Body

Chief of Police

Approval: ✓ I, the Chief of Police for the City of Wildwood, have no objection to the issuance of this license.

Or Signature

Referral: _____ I, the Chief of Police for the City of Wildwood, have concerns about the issuance of this license which should be addressed by the City's governing body before any license may be issued.

Signature

Fire Official

Approval: ✓ I, the Fire Official for the City of Wildwood, have no objection to the issuance of this license.

Or Signature

Referral: _____ I, the Fire Official for the City of Wildwood, have concerns about the issuance of this license which should be addressed by the City's governing body before any license may be issued.

Signature

Property Inspector

Approval: _____ I, the Property Inspector for the City of Wildwood, have no objection to the issuance of this.

Or Signature

Referral: _____ I, the Property Inspector for the City of Wildwood, have concerns about the issuance of this license which should be addressed by the City's governing body before any license may be issued.

Signature

If Referred, Governing Body Action:

_____ License Granted _____ Conditional License Granted _____ License Denied Date of Action: _____

Date of Receipt by Clerk's Office: RECEIVED

APR 04 2014

CITY CLERK'S OFFICE

Bill Mailed: 4/28/14 ACCT # 07276 / Done 4/29/14

DO NOT WRITE ABOVE THIS LINE.

NEW OWNER? YES

City of Wildwood
Rental Housing Mercantile License Application
License Term: May 1, 2014 – April 30, 2015

Property Street Address:	225 E. Wildwood Ave #518
Property Trade Name, if applicable:	Diplomat Beach Club
Name of Property Owner of Record:	Kenneth G. and Dorenn M. Romalino
Property Owner's mailing address:	450 Sunnyhill Ave, Franklinville NJ 08322
Property Owner's phone number:	Home: 856-629-6929, [redacted]
Property Owner's email:	kgr590@netscape.net
Name of Property Manager or Agent:	Diplomat Condo Assoc. / Shirley Kaulf
Manager/Agent's address:	225 E. Wildwood Ave
Manager/Agent's phone number:	(609) 729-5200
Manager/Agent's email:	info@diplomatsuites.com
Emergency Contact person & phone number:	Shirley Kaulf [redacted]
Number of dwelling units on the property:	
Number of dwelling units to be leased or made available to others:	One
Number of sleeping rooms, in all dwelling units to made available to others:	~~One~~ 2

A floor plan sketch must be attached which shows each sleeping room and the dimensions of ALL rooms, including lavatories and utility rooms.

Insurance Company: Scottsdate Insurance Company Policy # [redacted]

Location of Shut Off Valves:

Electric: _____ Nat. Gas: N/A

Water: _____ Propane: N/A

Circle all months this property or part of it will be or may be available to be occupied by anyone other than the owner:

January February March (April May June July August September October) November December

Is the property fully occupied by a tenant(s) who have year round/12 month lease(s)? NO If yes, attach lease(s) or other proof. If lease(s) or other proof is/are not attached the property will be considered a seasonally rented property.

Are all property taxes, sewer fees, water fees and municipal assessments and fire inspection fees paid and up to date? Yes

The undersigne I certifies that the information supplied herein is true and correct. Applicant certified he/she will comply with all provisions pertinent to NJ Statues, Regulations and Municipal Ordinances. If failing to do so, applicant acknowledges that the mercantile license to be issued shall be subject to revocation. Applicant hereby consents to the inspection of the premises by authorized inspectors of the City of Wildwood, at reasonable times and upon reasonable notice, for the purpose of determining whether or not said premises comply with applicable property maintenance codes of the City of Wildwood.

Kenneth Romalino — Print name

Ken Romalino — Signature

APRIL 03, 2014 — Date

DO NOT WRITE BELOW THIS LINE.

Property address _____ Date of City's inspection 4.14.14

Official who completed inspection: _____ Occupancy limit: 2

Approval or Referral to the Governing Body

Chief of Police

Approval: ✓ I, the Chief of Police for the City of Wildwood, have no objection to the issuance of this license.

Or

Signature

Referral: _____ I, the Chief of Police for the City of Wildwood, have concerns about the issuance of this license which should be addressed by the City's governing body before any license may be issued.

Signature

Fire Official

Approval: ✓ I, the Fire Official for the City of Wildwood, have no objection to the issuance of this license.

Or

Signature

Referral: _____ I, the Fire Official for the City of Wildwood, have concerns about the issuance of this license which should be addressed by the City's governing body before any license may be issued.

Signature

Property Inspector

Approval: _____ I, the Property Inspector for the City of Wildwood, have no objection to the issuance of this.

Or

Signature

Referral: _____ I, the Property Inspector for the City of Wildwood, have concerns about the issuance of this license which should be addressed by the City's governing body before any license may be issued.

Signature

If Referred, Governing Body Action:

_____ License Granted _____ Conditional License Granted _____ License Denied Date of Action: _____

Date of Receipt by Clerk's Office: RECEIVED

APR 11 2014

CITY CLERK'S OFFICE

Bill Mailed: 4/28/14 ACCT#0727 7/Done 4/25/14

DO NOT WRITE ABOVE THIS LINE.

NEW OWNER? YES

City of Wildwood
Rental Housing Mercantile License Application
License Term: May 1, 2014 – April 30, 2015

Property Street Address:	225 East Wildwood Ave #220 Wildwood, NJ 08260
Property Trade Name, if applicable:	Diplomat Condo Association
Name of Property Owner of Record:	VICTOR + OKSANA IDELSON
Property Owner's mailing address:	2276 Forest Glen Drive, WARRINGTON, PA 18976
Property Owner's phone number:	215-491-9346
Property Owner's email:	idel1234@verizon.net and idel1234@outlook.com
Name of Property Manager or Agent:	SHIRLEY KAULF
Manager/Agent's address:	225 East Wildwood Ave, Wildwood, NJ. 08260
Manager/Agent's phone number:	609-729-5200
Manager/Agent's email:	Sakaulf@yahoo.com
Emergency Contact person & phone number:	Shirley Kaulf [redacted]
Number of dwelling units on the property:	88
Number of dwelling units to be leased or made available to others:	Approx. 55
Number of sleeping rooms, in all dwelling units to made available to others:	—

A floor plan sketch must be attached which shows each sleeping room and the dimensions of ALL rooms, including lavatories and utility rooms.

Insurance Company: Anchor Insurance Agency Policy # [redacted]

Location of Shut Off Valves:

Electric: Kitchen Nat. Gas: N/A

Water: Kitchen Propane: N/A

Circle all months this property or part of it will be or may be available to be occupied by anyone other than the owner:

January February March (April) (May) (June) (July) (August) (September) (October) November December

Is the property fully occupied by a tenant(s) who have year round/12 month lease(s)? NO If yes, attach lease(s) or other proof. If lease(s) or other proof is/are not attached the property will be considered a seasonally rented property.

Are all property taxes, sewer fees, water fees and municipal assessments and fire inspection fees paid and up to date? Yes

The undersigned certifies that the information supplied herein is true and correct. Applicant certified he/she will comply with all provisions pertinent to NJ Statues, Regulations and Municipal Ordinances. If failing to do so, applicant acknowledges that the mercantile license to be issued shall be subject to revocation. Applicant hereby consents to the inspection of the premises by authorized inspectors of the City of Wildwood, at reasonable times and upon reasonable notice, for the purpose of determining whether or not said premises comply with applicable property maintenance codes of the City of Wildwood.

OKSANA IDELSON — Oksana Idelson — 4/7/2014

VICTOR IDELSON — V — 4/7/2014

Print name — Signature — Date

DO NOT WRITE BELOW THIS LINE.

Property address _____ Date of City's inspection 4/8/14

Official who completed inspection: _____ Occupancy limit 2

Approval or Referral to the Governing Body

Chief of Police

Approval: ✓ I, the Chief of Police for the City of Wildwood, have no objection to the issuance of this license.

Or

Signature

Referral: _____ I, the Chief of Police for the City of Wildwood, have concerns about the issuance of this license which should be addressed by the City's governing body before any license may be issued.

Signature

Fire Official

Approval: ✓ I, the Fire Official for the City of Wildwood, have no objection to the issuance of this license.

Or

Signature

Referral: _____ I, the Fire Official for the City of Wildwood, have concerns about the issuance of this license which should be addressed by the City's governing body before any license may be issued.

Signature

Property Inspector

Approval: _____ I, the Property Inspector for the City of Wildwood, have no objection to the issuance of this.

Or

Signature

Referral: _____ I, the Property Inspector for the City of Wildwood, have concerns about the issuance of this license which should be addressed by the City's governing body before any license may be issued.

Signature

If Referred, Governing Body Action:

_____ License Granted _____ Conditional License Granted _____ License Denied Date of Action: _____

Date of Receipt by Clerk's Office: RECEIVED

MAR 30 2015

CITY CLERK'S OFFICE

Bill Mailed: 4/15/15 ACCT# 07465

DO NOT WRITE ABOVE THIS LINE.

NEW

City of Wildwood
Rental Housing Mercantile License Application
License Term: May 1, 2014 – April 30, 2015

Property Street Address:	225 E WILDWOOD AV. WILDWOOD NJ
Property Trade Name, if applicable:	Diplomat Beach Club UNIT 305
Name of Property Owner of Record:	Albert & Theresa PARTYKA
Property Owner's mailing address:	221 GLENWOOD Rd, Pine Island, NY 10969
Property Owner's phone number:	845 258 3714
Property Owner's email:	ALNTERRY@WARWICK.NET
Name of Property Manager or Agent:	SHIRLEY KAUFF
Manager/Agent's address:	Diplomat Motel 225 E Wildwood Av Wildwood NJ
Manager/Agent's phone number:	
Manager/Agent's email:	SAKAUL@yahoo.com
Emergency Contact person & phone number:	Shirley Kauff [redacted]
Number of dwelling units on the property:	55
Number of dwelling units to be leased or made available to others:	Variable
Number of sleeping rooms, in all dwelling units to made available to others:	?

A floor plan sketch must be attached which shows each sleeping room and the dimensions of ALL rooms, including lavatories and utility rooms.

Insurance Company: E-Knowland Agency Policy # [redacted]

Location of Shut Off Valves:

Electric: Behind Kitchen door Nat. Gas: N/A

Water: In Kitchen Propane: N/A

Circle all months this property or part of it will be or may be available to be occupied by anyone other than the owner:

January February March April May June July August September October November December

Is the property fully occupied by a tenant(s) who have year round/12 month lease(s)? No If yes, attach lease(s) or other proof. If lease(s) or other proof is/are not attached the property will be considered a seasonally rented property.

Are all property taxes, sewer fees, water fees and municipal assessments and fire inspection fees paid and up to date? _____

The undersigned certifies that the information supplied herein is true and correct. Applicant certified he/she will comply with all provisions pertinent to NJ Statues, Regulations and Municipal Ordinances. If failing to do so, applicant acknowledges that the mercantile license to be issued shall be subject to revocation. Applicant hereby consents to the inspection of the premises by authorized inspectors of the City of Wildwood, at reasonable times and upon reasonable notice, for the purpose of determining whether or not said premises comply with applicable property maintenance codes of the City of Wildwood.

Print name	Signature	Date

DO NOT WRITE BELOW THIS LINE.

Property address 225 E WILDWOOD # 305 Date of City's inspection 4-2-15

Official who completed inspection: DAVIS Occupancy limit: 2

Approval or Referral to the Governing Body

Chief of Police

Approval: ✓ I, the Chief of Police for the City of Wildwood, have no objection to the issuance of this license.

Or

Signature 4/8/2015

Referral: _____ I, the Chief of Police for the City of Wildwood, have concerns about the issuance of this license which should be addressed by the City's governing body before any license may be issued.

Signature

Fire Official

Approval: ✓ I, the Fire Official for the City of Wildwood, have no objection to the issuance of this license.

Or

Signature 4-14-15

Referral: _____ I, the Fire Official for the City of Wildwood, have concerns about the issuance of this license which should be addressed by the City's governing body before any license may be issued.

Signature

Property Inspector

Approval: ✓ I, the Property Inspector for the City of Wildwood, have no objection to the issuance of this.

Or

Signature

Referral: _____ I, the Property Inspector for the City of Wildwood, have concerns about the issuance of this license which should be addressed by the City's governing body before any license may be issued.

Signature

If Referred, Governing Body Action:

_____ License Granted _____ Conditional License Granted _____ License Denied Date of Action: _____

RECEIVED

Date of Receipt by Clerk's Office: JUL 31 2015

CITY CLERK'S OFFICE

Bill Mailed: 8/12/15 ACCT# 07623 DO NOT WRITE ABOVE THIS LINE. NEW

City of Wildwood
Rental Housing Mercantile License Application
License Term: May 1, 2014 – April 30, 2015

Property Street Address:	225 E. Wildwood Ave., Wildwood, NJ.
Property Trade Name, if applicable:	Unit 519
Name of Property Owner of Record:	Lenard & Nancy Fechleyd
Property Owner's mailing address:	300 Greenway St., Fleetwood, PA 19522
Property Owner's phone number:	610 944 9527
Property Owner's email:	
Name of Property Manager or Agent:	Shirley Kaulf
Manager/Agent's address:	225 E. Wildwood Ave., Wildwood, NJ
Manager/Agent's phone number:	609 729 5200
Manager/Agent's email:	
Emergency Contact person & phone number:	Shirley Kaulf [redacted]
Number of dwelling units on the property:	82
Number of dwelling units to be leased or made available to others:	~~82~~ 1
Number of sleeping rooms, in all dwelling units to made available to others:	one

A floor plan sketch must be attached which shows each sleeping room and the dimensions of ALL rooms, including lavatories and utility rooms.

Insurance Company: _____ Policy #: _____

Location of Shut Off Valves:

Electric: 1st floor Nat. Gas: n/a

Water: 1st floor Propane: 2nd floor

Circle all months this property or part of it will be or may be available to be occupied by anyone other than the owner:

January February March (April) (May) (June) (July) (August) (September) (October) November December

Is the property fully occupied by a tenant(s) who have year round/12 month lease(s)? no If yes, attach lease(s) or other proof. If lease(s) or other proof is/are not attached the property will be considered a seasonally rented property.

Are all property taxes, sewer fees, water fees and municipal assessments and fire inspection fees paid and up to date? _____

The undersigned certifies that the information supplied herein is true and correct. Applicant certified he/she will comply with all provisions pertinent to NJ Statues, Regulations and Municipal Ordinances. If failing to do so, applicant acknowledges that the mercantile license to be issued shall be subject to revocation. Applicant hereby consents to the inspection of the premises by authorized inspectors of the City of Wildwood, at reasonable times and upon reasonable notice, for the purpose of determining whether or not said premises comply with applicable property maintenance codes of the City of Wildwood.

Leonard Schlegel — Leonard Schlegel — 7-31-15

Print name — Signature — Date

DO NOT WRITE BELOW THIS LINE.

Property address 225 E Wildwood #511 Date of City's inspection 8-4-15

Official who completed inspection: DAVIS Occupancy limit 2

Approval or Referral to the Governing Body

Chief of Police

Approval: ✓ I, the Chief of Police for the City of Wildwood, have no objection to the issuance of this license.

Or

Signature

Referral: _____ I, the Chief of Police for the City of Wildwood, have concerns about the issuance of this license which should be addressed by the City's governing body before any license may be issued.

Signature

Fire Official

Approval: ✓ I, the Fire Official for the City of Wildwood, have no objection to the issuance of this license.

Or

Signature

Referral: _____ I, the Fire Official for the City of Wildwood, have concerns about the issuance of this license which should be addressed by the City's governing body before any license may be issued.

Signature

Property Inspector

Approval: ✓ I, the Property Inspector for the City of Wildwood, have no objection to the issuance of this.

Or

Signature

Referral: _____ I, the Property Inspector for the City of Wildwood, have concerns about the issuance of this license which should be addressed by the City's governing body before any license may be issued.

Signature

If Referred, Governing Body Action

_____ License Granted _____ Conditional License Granted _____ License Denied Date of Action: _____

Date of Receipt by Clerk's Office:

RECEIVED
AUG 20 2015
CITY CLERK'S OFFICE

Bill Mailed: 9/11/15 ACCT# 07648
DO NOT WRITE ABOVE THIS LINE.

NEW

City of Wildwood
Rental Housing Mercantile License Application
License Term: May 1, 2014 – April 30, 2015

Property Street Address: UNIT #208 225 E WILDWOOD. AVE WILDWOOD NJ 08260
Property Trade Name, if applicable:
Name of Property Owner of Record: TERRANCE + MICHELE BOLTON
Property Owner's mailing address: 4944 THIRD AVE BENSALEM PA 19020
Property Owner's phone number: 215-757-4801
Property Owner's email: ARTYUP@AOL.COM
Name of Property Manager or Agent: SHIRLEY KAULF
Manager/Agent's address: 225 E. WILDWOOD AVE WILDWOOD NJ 08260
Manager/Agent's phone number: 609-729-5200
Manager/Agent's email:
Emergency Contact person & phone number: HOWARD SMITH [redacted]
Number of dwelling units on the property: 88
Number of dwelling units to be leased or made available to others: 1
Number of sleeping rooms, in all dwelling units to made available to others: 1

A floor plan sketch must be attached which shows each sleeping room and the dimensions of ALL rooms, including lavatories and utility rooms.

Insurance Company: _____ Policy # _____

Location of Shut Off Valves:

Electric: _____ Nat. Gas: _____

Water: _____ Propane: _____

Circle all months this property or part of it will be or may be available to be occupied by anyone other than the owner:

January February March April May June July August September October November December

Is the property fully occupied by a tenant(s) who have year round/12 month lease(s)? _____ If yes, attach lease(s) or other proof. If lease(s) or other proof is/are not attached the property will be considered a seasonally rented property.

Are all property taxes, sewer fees, water fees and municipal assessments and fire inspection fees paid and up to date? _____

The undersigned certifies that the information supplied herein is true and correct. Applicant certified he/she will comply with all provisions pertinent to NJ Statues, Regulations and Municipal Ordinances. If failing to do so, applicant acknowledges that the mercantile license to be issued shall be subject to revocation. Applicant hereby consents to the inspection of the premises by authorized inspectors of the City of Wildwood, at reasonable times and upon reasonable notice, for the purpose of determining whether or not said premises comply with applicable property maintenance codes of the City of Wildwood.

TERRANCE BOLTON — Print name

Signature

8.20.15 — Date

DO NOT WRITE BELOW THIS LINE.

Property address 225 E WILDWOOD 208 Date of City's inspection 8-21-15

Official who completed inspection: DAVIS Occupancy limit: 2

Approval or Referral to the Governing Body

Chief of Police

Approval: ✓ I, the Chief of Police for the City of Wildwood, have no objection to the issuance of this license.

Signature

Or

Referral: _____. I, the Chief of Police for the City of Wildwood, have concerns about the issuance of this license which should be addressed by the City's governing body before any license may be issued.

Signature

Fire Official

Approval: X I, the Fire Official for the City of Wildwood, have no objection to the issuance of this license.

Signature

Or

Referral: _____ I, the Fire Official for the City of Wildwood, have concerns about the issuance of this license which should be addressed by the City's governing body before any license may be issued.

Signature

Property Inspector

Approval: ✓ I, the Property Inspector for the City of Wildwood, have no objection to the issuance of this.

Signature

Or

Referral: _____ I, the Property Inspector for the City of Wildwood, have concerns about the issuance of this license which should be addressed by the City's governing body before any license may be issued.

Signature

If Referred, Governing Body Action:

_____ License Granted _____ Conditional License Granted _____ License Denied Date of Action: _____

ACCT#07853

Date of Receipt by Clerk's Office:

RECEIVED
AUG 05 2016
CITY CLERK'S OFFICE

Bill Mailed: 8/26/16 DO NOT WRITE ABOVE THIS LINE.

City of Wildwood
Rental Housing Mercantile License Application

Property Street Address:	225 E WILDWOOD AVE UNIT 102 WILDWOOD NJ
Property Trade Name, if applicable:	DIPLOMAT
Name of Property Owner of Record:	CHARLES FLICK
Property Owner's mailing address:	9905 SEABOINT BLVD #609 WILDWOOD CREST NJ
Property Owner's phone number:	609 217-4454
Property Owner's email:	NONE
Name of Property Manager or Agent:	DIPLOMAT BEACH CLUB
Manager/Agent's address:	225 E WILDWOOD AVE WILDWOOD NJ
Manager/Agent's phone number:	1-866-599-6674
Manager/Agent's email:	
Emergency Contact person & phone number:	JACK MERRYFIELD [redacted]
Number of dwelling units on the property:	1
Number of dwelling units to be leased or made available to others:	1
Number of sleeping rooms, in all dwelling units to made available to others:	2

A floor plan sketch must be attached which shows each sleeping room and the dimensions of ALL rooms, including lavatories and utility rooms.

Insurance Company: NARRAGANSET BAY Policy #: [redacted]

Location of Shut Off Valves:

Electric: ELECTRIC BOX Nat. Gas: NONE

Water: BATH CEILING Propane: NONE

Circle all months this property or part of it will be or may be available to be occupied by anyone other than the owner:

January February March (April) (May) (June) (July) (August) (September) October November December

Is the property fully occupied by a tenant(s) who have year round/12 month lease(s)? NO If yes, attach lease(s) or other proof. If lease(s) or other pro of is/are not attached the property will be considered a seasonally rented property.

Are all property taxes, sewer fees, water fees and municipal assessments and fire inspection fees paid and up to date? _____

The undersigne I certifies that the information supplied herein is true and correct. Applicant certified he/she will comply with all provisions pertinent to NJ Statues, Regulations and Municipal Ordinances. If failing to do so, applicant acknowledges that the mercantile license to be issued shall be subject to revocation. Applicant hereby consents to the inspection of the premises by authorized inspectors of the City of Wildwood, at reasonable times and upon reasonable notice, for the purpose of determining whether or not said premises comply with applicable property maintenance codes of the City of Wildwood.

CHARLES FLICK — Print name

Signature — Date: 7-28-16

DO NOT WRITE BELOW THIS LINE.

Property address 225 E Wildwood #102 Date of City's inspection 8/5/16

Official who completed inspection: DAVIS Occupancy limit: 4

Approval or Referral to the Governing Body

Chief of Police

Approval: ✓ I, the Chief of Police for the City of Wildwood, have no objection to the issuance of this license.

Signature

Or

Referral: _____ I, the Chief of Police for the City of Wildwood, have concerns about the issuance of this license which should be addressed by the City's governing body before any license may be issued.

Signature

Fire Official

Approval: X I, the Fire Official for the City of Wildwood, have no objection to the issuance of this license.

Signature

Or

Referral: _____ I, the Fire Official for the City of Wildwood, have concerns about the issuance of this license which should be addressed by the City's governing body before any license may be issued.

Signature

Property Inspector

Approval: ✓ I, the Property Inspector for the City of Wildwood, have no objection to the issuance of this.

Signature

Or

Referral: _____ I, the Property Inspector for the City of Wildwood, have concerns about the issuance of this license which should be addressed by the City's governing body before any license may be issued.

Signature

If Referred, Governing Body Action:

____ License Granted ____ Conditional License Granted ____ License Denied Date of Action: _____

Date of Receipt by Clerk's Office:

Bill Mailed: 8/13/19 ACCT# 08337

DO NOT WRITE ABOVE THIS LINE.

INFORMATION ABOVE THIS LINE IS TO BE PROVIDED BY CITY OFFICIALS

City of Wildwood
Rental Housing Mercantile License Application
License Term: 2019-2020

Property Street Address: 225 E. WILDWOOD AVE, UNIT 120
Property Trade Name, if applicable: DIPLOMAT
Name of Property Owner of Record: TRAVIS LUFT
Property Owner's mailing address 376 MANOR AVE, PLYMOUTH MEETING, PA 19462
Property Owner's phone number: 814-876-7011
Property Owner's email: TRAV3242@HOTMAIL.COM
Name of Property Manager or Agent: SHIRLEY KAUF
Manager/Agent's address: 225 E. WILDWOOD AVE, WILDWOOD, NJ 08260
Manager/Agent's phone number: 609-729-5200
Manager/Agent's email: INFO@DIPLOMATSUITES.COM
Emergency Contact person & phone number: TRAVIS LUFT [redacted]
Number of dwelling units on the property: 1
Number of dwelling units to be leased or made available to others: 1
Number of sleeping rooms, in all dwelling units to made available to others: 2

A floor plan sketch must be attached which shows each sleeping room and the dimensions of ALL rooms, including lavatories and utility rooms.

Insurance Company: LLOYDS Policy# [redacted]

Location of Shut off Valves:

Electric: WALL OUTSIDE BATHROOM Nat. Gas: N/A

Water: UNDER SINK Propane: N/A

Circle all months this property or part of it will be or may be available to be occupied by anyone other than the owner:

January February March April May June July August September October November December

Is the property fully occupied by a tenants or tenants who have year round/12 month lease(s)? NO

If yes, attach lease(s). If lease(s) are not attached, the property will be considered a seasonally rented property.

Are all property taxes, sewer fees, water fees, and municipal assessments and fire inspection fees paid and up to date? Yes

The undersign certifies that the information supplied herein is true and correct. Applicant certifies he/she will comply with all provisions pertinent to NJ Statues, Regulations, and Municipal Ordinances. If failing to do so, applicant acknowledges that the mercantile license to be issued shall be subject to revocation. Applicant hereby consents to the inspection of the premises to be licensed by authorizing the inspections of the City of Wildwood, at the reasonable times and upon reasonable notice, for the purpose of determining whether or not the premises comply with applicable property maintenance codes of the City of Wildwood.

Travis Luft		8/7/19
Print Name	Signature	Date

Bill Mailed 2/28/14

ACCT # 06418

Date of Receipt by Clerk's Office:

RECEIVED

FEB 28 2014

DO NOT WRITE ABOVE THIS LINE.

City of Wildwood
Rental Housing Mercantile License Application
License Term: May 1, 2014 – April 30, 2015

Property Street Address:	225 E. Wildwood Ave., Wildwood, NJ 08260 UNIT 314
Property Trade Name, if applicable:	Diplomat Condominium Association
Name of Property Owner of Record:	Payne NJ Properties, LLC
Property Owner's mailing address:	18 McCormick Place, Staten Island, NY 10305
Property Owner's phone number:	718 447-7315
Property Owner's email:	Jim1399@Verizon.net
Name of Property Manager or Agent:	Shirley Kaulf
Manager/Agent's address:	225 E. Wildwood Ave., Wildwood, NJ 08260
Manager/Agent's phone number:	609 729-5200
Manager/Agent's email:	Info@DiplomatSuites.com
Emergency Contact person & phone number:	Shirley Kaulf [redacted]
Number of dwelling units on the property:	1
Number of dwelling units to be leased or made available to others:	1 UNIT 314
Number of sleeping rooms, in all dwelling units to made available to others:	3

A floor plan sketch must be attached which shows each sleeping room and the dimensions of ALL rooms, including lavatories and utility rooms.

Insurance Company: Mesa Underwriters Insurance Policy # MP [redacted]

Location of Shut Off Valves:

Electric: In unit by door Nat. Gas: None

Water: Main Valve, Electrical Rm, 1st flr Propane: None

Circle all months this property or part of it will be or may be available to be occupied by anyone other than the owner:

January February March (April) (May) (June) (July) (August) (September) (October) November December

Is the property fully occupied by a tenant(s) who have year round/12 month lease(s)? No If yes, attach lease(s) or other proof. If lease(s) or other proof is/are not attached the property will be considered a seasonally rented property.

Are all property taxes, sewer fees, water fees and municipal assessments and fire inspection fees paid and up to date? Yes 8/1/14

The undersigned certifies that the information supplied herein is true and correct. Applicant certified he/she will comply with all provisions pertinent to NJ Statues, Regulations and Municipal Ordinances. If failing to do so, applicant acknowledges that the mercantile license to be issued shall be subject to revocation. Applicant hereby consents to the inspection of the premises by authorized inspectors of the City of Wildwood, at reasonable times and upon reasonable notice, for the purpose of determining whether or not said premises comply with applicable property maintenance codes of the City of Wildwood.

James W. Payne — Print name

James W Payne — Signature

1/31/14 — Date

DO NOT WRITE BELOW THIS LINE.

Property address _____ Date of City's inspection 2-10-14

Official who completed inspection: _____ Occupancy limit: 7

Approval or Referral to the Governing Body

Chief of Police

Approval: ✓ I, the Chief of Police for the City of Wildwood, have no objection to the issuance of this license.

Signature

Or

Referral: _____ I, the Chief of Police for the City of Wildwood, have concerns about the issuance of this license which should be addressed by the City's governing body before any license may be issued.

_____
Signature

Fire Official

Approval: ✓ I, the Fire Official for the City of Wildwood, have no objection to the issuance of this license.

Signature

Or

Referral: _____ I, the Fire Official for the City of Wildwood, have concerns about the issuance of this license which should be addressed by the City's governing body before any license may be issued.

_____
Signature

Property Inspector

Approval: ✓ I, the Property Inspector for the City of Wildwood, have no objection to the issuance of this.

Signature

Or

Referral: _____ I, the Property Inspector for the City of Wildwood, have concerns about the issuance of this license which should be addressed by the City's governing body before any license may be issued.

_____
Signature

If Referred, Governing Body Action:

_____ License Granted _____ Conditional License Granted _____ License Denied Date of Action: _____

503

DONE 5-22-14

Date of Receipt by Clerk's Office RECEIVED

MAY 19 2014

CITY CLERK'S OFFICE

Bill Mailed: 5/23/14

ACCT# 07323

DO NOT WRITE ABOVE THIS LINE.

NEW?

City of Wildwood
Rental Housing Mercantile License Application
License Term: May 1, 2014 – April 30, 2015

Property Street Address: 235 E. Wildwood Ave Wildwood NJ 08260 #503
Property Trade Name, if applicable: Diplomat Condo Club
Name of Property Owner of Record: Leonard Nowak Schleifer
Property Owner's mailing address: 300 W. Greenway St Fleetwood PA 19522
Property Owner's phone number: 610 944 9527
Property Owner's email:
Name of Property Manager or Agent: Shirley Kaulf
Manager/Agent's address: 235 E. Wildwood Ave Wildwood NJ 08260
Manager/Agent's phone number: 609 729 5200
Manager/Agent's email:
Emergency Contact person & phone number: Shirley Kaulf [redacted]
Number of dwelling units on the property: 1
Number of dwelling units to be leased or made available to others: 1
Number of sleeping rooms, in all dwelling units to made available to others: 2

A floor plan sketch must be attached which shows each sleeping room and the dimensions of ALL rooms, including lavatories and utility rooms.

Insurance Company: Scottsdale Policy # [redacted]

Location of Shut Off Valves:

Electric: For Unit Nat. Gas: _____

Water: Main Bldg Propane: _____

Circle all months this property or part of it will be or may be available to be occupied by anyone other than the owner:

January February March (April) May June July August September (October) November December

Is the property fully occupied by a tenant(s) who have year round/12 month lease(s)? No If yes, attach lease(s) or other proof. If lease(s) or other proof is/are not attached the property will be considered a seasonally rented property.

Are all property taxes, sewer fees, water fees and municipal assessments and fire inspection fees paid and up to date? _____

The undersigne I certifies that the information supplied herein is true and correct. Applicant certified he/she will comply with all provisions pertinent to NJ Statues, Regulations and Municipal Ordinances. If failing to do so, applicant acknowledges that the mercantile license to be issued shall be subject to revocation. Applicant hereby consents to the inspection of the premises by authorized inspectors of the City of Wildwood, at reasonable times and upon reasonable notice, for the purpose of determining whether or not said premises comply with applicable property maintenance codes of the City of Wildwood.

LEONARD SCHLEKER Z. Sch 3-3-14

Print name Signature Date

DO NOT WRITE BELOW THIS LINE.

Property address _____ Date of City's inspection 5-15-14

Official who completed inspection: _____ Occupancy limit: 9

Approval or Referral to the Governing Body

Chief of Police

Approval: ___/___ I, the Chief of Police for the City of Wildwood, have no objection to the issuance of this license.

Or _____ Signature

Referral: _____ I, the Chief of Police for the City of Wildwood, have concerns about the issuance of this license which should be addressed by the City's governing body before any license may be issued.

_____ Signature

Fire Official

Approval: _____ I, the Fire Official for the City of Wildwood, have no objection to the issuance of this license.

Or _____ Signature

Referral: _____ I, the Fire Official for the City of Wildwood, have concerns about the issuance of this license which should be addressed by the City's governing body before any license may be issued.

_____ Signature

Property Inspector

Approval: ___/___ I, the Property Inspector for the City of Wildwood, have no objection to the issuance of this.

Or _____ Signature

Referral: _____ I, the Property Inspector for the City of Wildwood, have concerns about the issuance of this license which should be addressed by the City's governing body before any license may be issued.

_____ Signature

If Referred, Governing Body Action:

_____ License Granted _____ Conditional License Granted _____ License Denied Date of Action: _____

Date of Receipt by Clerk's Office:

Bill Mailed: 3/28/14 ACCT# 03629

DO NOT WRITE ABOVE THIS LINE.

City of Wildwood
Rental Housing Mercantile License Application
License Term: May 1, 2014 – April 30, 2015

Property Street Address: 235 E WILDWOOD AVE, WILDWOOD N.J. 08260 # 202
Property Trade Name, if applicable: DIPLOMAT CONDO CLUB
Name of Property Owner of Record: LEONARD + NANCY SCHLEGEL
Property Owner's mailing address: 300 W. GREENWAY ST FLEETWOOD PA 19522
Property Owner's phone number: 610 344 9527
Property Owner's email:
Name of Property Manager or Agent: SHIRLEY J KAUL
Manager/Agent's address: 225 E. WILDWOOD AVE, WILDWOOD N.J. 08260
Manager/Agent's phone number: 609 729 5200
Manager/Agent's email:
Emergency Contact person & phone number: LEONARD SCHLEGEL [redacted] or DIPLOMAT CONDO 609 729 5200
Number of dwelling units on the property: 80
Number of dwelling units to be leased or made available to others: ~~40~~ 1
Number of sleeping rooms, in all dwelling units to made available to others: 2 1

Bucks 7
388 Sq Ft

A floor plan sketch must be attached which shows each sleeping room and the dimensions of ALL rooms, including lavatories and utility rooms.

Insurance Company: CUMBERLAND MUTUAL Policy # [redacted]

Location of Shut Off Valves:

Electric: IN UNIT Nat. Gas: ____________

Water: ____________ Propane: ____________

Circle all months this property or part of it will be or may be available to be occupied by anyone other than the owner:

January February March April May June July August September October November December

Is the property fully occupied by a tenant(s) who have year round/12 month lease(s)? No If yes, attach lease(s) or other proof. If lease(s) or other proof is/are not attached the property will be considered a seasonally rented property.

Are all property taxes, sewer fees, water fees and municipal assessments and fire inspection fees paid and up to date? _____

The undersigned certifies that the information supplied herein is true and correct. Applicant certified he/she will comply with all provisions pertinent to NJ Statues, Regulations and Municipal Ordinances. If failing to do so, applicant acknowledges that the mercantile license to be issued shall be subject to revocation. Applicant hereby consents to the inspection of the premises by authorized inspectors of the City of Wildwood, at reasonable times and upon reasonable notice, for the purpose of determining whether or not said premises comply with applicable property maintenance codes of the City of Wildwood.

Print name _____ Signature _____ Date 2-10-14

DO NOT WRITE BELOW THIS LINE.

Property address _____ Date of City's inspection 3/5/14

Official who completed inspection: _____ Occupancy limit: 3

Approval or Referral to the Governing Body

Chief of Police

Approval: ✓ I, the Chief of Police for the City of Wildwood, have no objection to the issuance of this license.

Or Signature

Referral: _____ I, the Chief of Police for the City of Wildwood, have concerns about the issuance of this license which should be addressed by the City's governing body before any license may be issued.

Signature

Fire Official

Approval: ✓ I, the Fire Official for the City of Wildwood, have no objection to the issuance of this license.

Or Signature

Referral: _____ I, the Fire Official for the City of Wildwood, have concerns about the issuance of this license which should be addressed by the City's governing body before any license may be issued.

Signature

Property Inspector

Approval: _____ I, the Property Inspector for the City of Wildwood, have no objection to the issuance of this.

Or Signature

Referral: _____ I, the Property Inspector for the City of Wildwood, have concerns about the issuance of this license which should be addressed by the City's governing body before any license may be issued.

Signature

If Referred, Governing Body Action:

_____ License Granted _____ Conditional License Granted _____ License Denied Date of Action: _____

Date of Receipt by Clerk's Office:

RECEIVED
MAY 01 2014
CITY CLERK'S OFFICE

Bill Mailed: 5/23/14 ACCT# 02947 Incomp.

DO NOT WRITE ABOVE THIS LINE.

City of Wildwood
Rental Housing Mercantile License Application
License Term: May 1, 2014 – April 30, 2015

Property Street Address:	225 E. Wildwood Ave. Apt 307
Property Trade Name, if applicable:	Diplomat Condo 307
Name of Property Owner of Record:	Arturo Bossio
Property Owner's mailing address:	9 Forson Ct., Markham, ONT. Canada L6C 1A9
Property Owner's phone number:	416-834-5845
Property Owner's email:	art.bossio@hotmail.com
Name of Property Manager or Agent:	
Manager/Agent's address:	
Manager/Agent's phone number:	
Manager/Agent's email:	
Emergency Contact person & phone number:	LINA ZHAO [redacted]
Number of dwelling units on the property:	
Number of dwelling units to be leased or made available to others:	1
Number of sleeping rooms, in all dwelling units to made available to others:	2

Type B

A floor plan sketch must be attached which shows each sleeping room and the dimensions of ALL rooms, including lavatories and utility rooms.

Insurance Company: Cumberland Mutual Fire Policy # [redacted]

Location of Shut Off Valves: New Jersey Insurance Underwriting [redacted]

Electric: _____ Nat. Gas: _____

Water: _____ Propane: _____

Circle all months this property or part of it will be or may be available to be occupied by anyone other than the owner:

January February March April May June July August September October November December

Is the property fully occupied by a tenant(s) who have year round/12 month lease(s)? No If yes, attach lease(s) or other proof. If lease(s) or other proof is/are not attached the property will be considered a seasonally rented property.

Are all property taxes, sewer fees, water fees and municipal assessments and fire inspection fees paid and up to date? _____

The undersigned certifies that the information supplied herein is true and correct. Applicant certified he/she will comply with all provisions pertinent to NJ Statues, Regulations and Municipal Ordinances. If failing to do so, applicant acknowledges that the mercantile license to be issued shall be subject to revocation. Applicant hereby consents to the inspection of the premises by authorized inspectors of the City of Wildwood, at reasonable times and upon reasonable notice, for the purpose of determining whether or not said premises comply with applicable property maintenance codes of the City of Wildwood.

Arturo Basso — X [signature] — April 10, 2014

Print name — Signature — Date

DO NOT WRITE BELOW THIS LINE.

Property address _____ Date of City's inspection 5.6.14

Official who completed inspection: _____ Occupancy limit: 4

Approval or Referral to the Governing Body

Chief of Police

Approval: ✓ I, the Chief of Police for the City of Wildwood, have no objection to the issuance of this license.

Or [signature]
Signature

Referral: _____ I, the Chief of Police for the City of Wildwood, have concerns about the issuance of this license which should be addressed by the City's governing body before any license may be issued.

_____
Signature

Fire Official

Approval: ✓ I, the Fire Official for the City of Wildwood, have no objection to the issuance of this license.

Or [signature]
Signature

Referral: _____ I, the Fire Official for the City of Wildwood, have concerns about the issuance of this license which should be addressed by the City's governing body before any license may be issued.

_____
Signature

Property Inspector

Approval: ✓ I, the Property Inspector for the City of Wildwood, have no objection to the issuance of this.

Or [signature]
Signature

Referral: _____ I, the Property Inspector for the City of Wildwood, have concerns about the issuance of this license which should be addressed by the City's governing body before any license may be issued.

_____
Signature

If Referred, Governing Body Action:

_____ License Granted _____ Conditional License Granted _____ License Denied Date of Action: _____

ACCT# [redacted]
02917

Date of Receipt by Clerk's Office:

RECEIVED
AUG 12 2014
CITY CLERK'S OFFICE

Bill Mailed: 9/18/14

DO NOT WRITE ABOVE THIS LINE.

City of Wildwood
Rental Housing Mercantile License Application
License Term: May 1, 2014 – April 30, 2015

Property Street Address:	225 E. WILDWOOD AVE UNIT #319 WILDWOOD NJ 08260
Property Trade Name, if applicable:	DIPLOMAT SUITES HOTEL MOTEL
Name of Property Owner of Record:	RODRIGO AD IVETTE HERNANDEZ
Property Owner's mailing address:	948 GARDENBROOK ct. SE PALM BAY FL. 32909
Property Owner's phone number:	321-3279722
Property Owner's email:	RHERNANDEZ1407@YAHOO.COM
Name of Property Manager or Agent:	SHIRLEY KAULF
Manager/Agent's address:	225 E. WILDWOOD AV. WILDWOOD NJ. 08260
Manager/Agent's phone number:	609-729-5200
Manager/Agent's email:	SAKAULF@YAHOO.COM
Emergency Contact person & phone number:	SHIRLEY KAULF [redacted]
Number of dwelling units on the property:	88 units
Number of dwelling units to be leased or made available to others:	55 units (1)
Number of sleeping rooms, in all dwelling units to made available to others:	63 (1)

A floor plan sketch must be attached which shows each sleeping room and the dimensions of ALL rooms, including lavatories and utility rooms.

Insurance Company: AMERICAN MODERN INS Policy # [redacted]

Location of Shut Off Valves:

Electric: Kitchen WALL behind stove Nat. Gas: NONE

Water: Kitchen WALL behind Stove Propane: NONE

Circle all months this property or part of it will be or may be available to be occupied by anyone other than the owner:

January February March (April) May June July August September (October) November December

Is the property fully occupied by a tenant(s) who have year round/12 month lease(s)? NONE If yes, attach lease(s) or other proof. If lease(s) or other proof is/are not attached the property will be considered a seasonally rented property.

Are all property taxes, sewer fees, water fees and municipal assessments and fire inspection fees paid and up to date? Yes

The undersigned certifies that the information supplied herein is true and correct. Applicant certified he/she will comply with all provisions pertinent to NJ Statues, Regulations and Municipal Ordinances. If failing to do so, applicant acknowledges that the mercantile license to be issued shall be subject to revocation. Applicant hereby consents to the inspection of the premises by authorized inspectors of the City of Wildwood, at reasonable times and upon reasonable notice, for the purpose of determining whether or not said premises comply with applicable property maintenance codes of the City of Wildwood.

Rodrigo Hyrons647 Rodrigo Hyrons647 08/06/14

Print name Signature Date

DO NOT WRITE BELOW THIS LINE.

Property address 2250 Wildwood Date of City's inspection 8-21-14

Official who completed inspection: DAVIS Occupancy limit: 4

Approval or Referral to the Governing Body

Chief of Police

Approval: ✓ I, the Chief of Police for the City of Wildwood, have no objection to the issuance of this license.

Or Signature

Referral: _____ I, the Chief of Police for the City of Wildwood, have concerns about the issuance of this license which should be addressed by the City's governing body before any license may be issued.

Signature

Fire Official

Approval: X I, the Fire Official for the City of Wildwood, have no objection to the issuance of this license.

#0486 Ron D Harwood

Or Signature

Referral: _____ I, the Fire Official for the City of Wildwood, have concerns about the issuance of this license which should be addressed by the City's governing body before any license may be issued.

Signature

Property Inspector

Approval: P I, the Property Inspector for the City of Wildwood, have no objection to the issuance of this.

Or Signature

Referral: _____ I, the Property Inspector for the City of Wildwood, have concerns about the issuance of this license which should be addressed by the City's governing body before any license may be issued.

Signature

If Referred, Governing Body Action:

_____ License Granted _____ Conditional License Granted _____ License Denied Date of Action: _____

Date of Receipt by Clerk's Office:

Bill Mailed: 3/28/14

ACCT# 03106

DO NOT WRITE ABOVE THIS LINE.

City of Wildwood
Rental Housing Mercantile License Application
License Term: May 1, 2014 – April 30, 2015

Property Street Address:	225 E. Wildwood Ave Wildwood, NJ 08260
Property Trade Name, if applicable:	#PH4
Name of Property Owner of Record:	Cenacolo Retreat + Teresa Debra Pizzella
Property Owner's mailing address:	96 Beasley Ave. Staten Island, NY 10314
Property Owner's phone number:	718-982-9255
Property Owner's email:	tdpizz@yahoo.com
Name of Property Manager or Agent:	Debbie Pizzella
Manager/Agent's address:	96 Beasley Ave. S.I., NY 10314
Manager/Agent's phone number:	718-982-9255
Manager/Agent's email:	tdpizz@yahoo.com
Emergency Contact person & phone number:	Frank Pizzella [redacted]
Number of dwelling units on the property:	88
Number of dwelling units to be leased or made available to others:	1
Number of sleeping rooms, in all dwelling units to made available to others:	1

A floor plan sketch must be attached which shows each sleeping room and the dimensions of ALL rooms, including lavatories and utility rooms.

Insurance Company: _____ Policy # _____

Location of Shut Off Valves:

Electric: _____ Nat. Gas: _____

Water: _____ Propane: _____

Circle all months this property or part of it will be or may be available to be occupied by anyone other than the owner:

January February March April May June July August September October November December

Is the property fully occupied by a tenant(s) who have year round/12 month lease(s)? _____ If yes, attach lease(s) or other proof. If lease(s) or other proof is/are not attached the property will be considered a seasonally rented property.

Are all property taxes, sewer fees, water fees and municipal assessments and fire inspection fees paid and up to date? ___

The undersigned certifies that the information supplied herein is true and correct. Applicant certified he/she will comply with all provisions pertinent to NJ Statues, Regulations and Municipal Ordinances. If failing to do so, applicant acknowledges that the mercantile license to be issued shall be subject to revocation. Applicant hereby consents to the inspection of the premises by authorized inspectors of the City of Wildwood, at reasonable times and upon reasonable notice, for the purpose of determining whether or not said premises comply with applicable property maintenance codes of the City of Wildwood.

Debra Piccilla | Debra Piccilla | 3-6-14

Print name | Signature | Date

Debra

DO NOT WRITE BELOW THIS LINE.

Property address _____ Date of City's inspection 3/2/14

Official who completed inspection: _____ Occupancy limit: 3

Approval or Referral to the Governing Body

Chief of Police

Approval: ___ I, the Chief of Police for the City of Wildwood, have no objection to the issuance of this license.

Or Signature

Referral: ___ I, the Chief of Police for the City of Wildwood, have concerns about the issuance of this license which should be addressed by the City's governing body before any license may be issued.

Signature

Fire Official

Approval: ___ I, the Fire Official for the City of Wildwood, have no objection to the issuance of this license.

Or Signature 3/24/14

Referral: ___ I, the Fire Official for the City of Wildwood, have concerns about the issuance of this license which should be addressed by the City's governing body before any license may be issued.

Signature

Property Inspector

Approval: ___ I, the Property Inspector for the City of Wildwood, have no objection to the issuance of this.

Or Signature

Referral: ___ I, the Property Inspector for the City of Wildwood, have concerns about the issuance of this license which should be addressed by the City's governing body before any license may be issued.

Signature

If Referred, Governing Body Action:

_____ License Granted _____ Conditional License Granted _____ License Denied Date of Action: _____

Date of Receipt by Clerk's Office:

Bill Mailed: 3/28/14 ACCT# 028880

DO NOT WRITE ABOVE THIS LINE.

City of Wildwood
Rental Housing Mercantile License Application
License Term: May 1, 2014 – April 30, 2015

Property Street Address: 225 E. WILDWOOD AVE, WILDWOOD NJ. 8260 #105
Property Trade Name, if applicable: DIAMOND COAST CLUB
Name of Property Owner of Record: LEONARD THOMAS SCHLEBEL
Property Owner's mailing address: 300 W. GREENWAY ST FLEETWOOD, PA. 19522
Property Owner's phone number: 610 944 5520
Property Owner's email:
Name of Property Manager or Agent: STANLEY KAUF
Manager/Agent's address: 225 E. WILDWOOD AVE, WILDWOOD NJ 8260
Manager/Agent's phone number: 609 729 5200
Manager/Agent's email:
Emergency Contact person & phone number: [redacted]
Number of dwelling units on the property: 80
Number of dwelling units to be leased or made available to others: 1
Number of sleeping rooms, in all dwelling units to made available to others: 2

B 320 sq ft
388 sq ft

A floor plan sketch must be attached which shows each sleeping room and the dimensions of ALL rooms, including lavatories and utility rooms.

Insurance Company: ESSEX INS Policy # [redacted]

Location of Shut Off Valves:

Electric: IN UNIT Nat. Gas: _____

Water: _____ Propane: _____

Circle all months this property or part of it will be or may be available to be occupied by anyone other than the owner:

January February March April May June July August September October November December

Is the property fully occupied by a tenant(s) who have year round/12 month lease(s)? No If yes, attach lease(s) or other proof. If lease(s) or other proof is/are not attached the property will be considered a seasonally rented property.

Are all property taxes, sewer fees, water fees and municipal assessments and fire inspection fees paid and up to date? _____

The undersigned certifies that the information supplied herein is true and correct. Applicant certified he/she will comply with all provisions pertinent to NJ Statues, Regulations and Municipal Ordinances. If failing to do so, applicant acknowledges that the mercantile license to be issued shall be subject to revocation. Applicant hereby consents to the inspection of the premises by authorized inspectors of the City of Wildwood, at reasonable times and upon reasonable notice, for the purpose of determining whether or not said premises comply with applicable property maintenance codes of the City of Wildwood.

Print name _____ Signature _____ Date 2-10-14

DO NOT WRITE BELOW THIS LINE.

Property address _____ Date of City's inspection 3/3/14

Official who completed inspection: _____ Occupancy limit: 8

Approval or Referral to the Governing Body

Chief of Police

Approval: ✓ I, the Chief of Police for the City of Wildwood, have no objection to the issuance of this license.

Or Signature

Referral: _____ I, the Chief of Police for the City of Wildwood, have concerns about the issuance of this license which should be addressed by the City's governing body before any license may be issued.

Signature

Fire Official

Approval: ✓ I, the Fire Official for the City of Wildwood, have no objection to the issuance of this license.

Or Signature 3/14/14

Referral: _____ I, the Fire Official for the City of Wildwood, have concerns about the issuance of this license which should be addressed by the City's governing body before any license may be issued.

Signature

Property Inspector

Approval: ✓ I, the Property Inspector for the City of Wildwood, have no objection to the issuance of this

Or Signature

Referral: _____ I, the Property Inspector for the City of Wildwood, have concerns about the issuance of this license which should be addressed by the City's governing body before any license may be issued.

Signature

If Referred, Governing Body Action:

_____ License Granted _____ Conditional License Granted _____ License Denied Date of Action: _____

Date of Receipt by Clerk's Office:

Bill mailed 3/28/14 Incomp DB 3/24

DO NOT WRITE ABOVE THIS LINE.

City of Wildwood
Rental Housing Mercantile License Application
License Term: May 1, 2014 – April 30, 2015

Property Street Address:	225 [illegible]
Property Trade Name, if applicable:	[illegible]
Name of Property Owner of Record:	[illegible]
Property Owner's mailing address:	[illegible]
Property Owner's phone number:	856 [illegible]
Property Owner's email:	[illegible]
Name of Property Manager or Agent:	
Manager/Agent's address:	225 [illegible]
Manager/Agent's phone number:	609 [illegible]
Manager/Agent's email:	
Emergency Contact person & phone number:	[redacted]
Number of dwelling units on the property:	88
Number of dwelling units to be leased or made available to others:	/
Number of sleeping rooms, in all dwelling units to made available to others:	/

A floor plan sketch must be attached which shows each sleeping room and the dimensions of ALL rooms, including lavatories and utility rooms.

Insurance Company: ______________________ Policy # ______________

Location of Shut Off Valves:

Electric: ✓ ______________________ Nat. Gas: ______________________

Water: ✓ ______________________ Propane: ______________________

Circle all months this property or part of it will be or may be available to be occupied by anyone other than the owner:

January February March April May June July August September October November December

Is the property fully occupied by a tenant(s) who have year round/12 month lease(s)? ________ If yes, attach lease(s) or other proof. If lease(s) or other proof is/are not attached the property will be considered a seasonally rented property.

Are all property taxes, sewer fees, water fees and municipal assessments and fire inspection fees paid and up to date? YES

The undersigned certifies that the information supplied herein is true and correct. Applicant certified he/she will comply with all provisions pertinent to NJ Statues, Regulations and Municipal Ordinances. If failing to do so, applicant acknowledges that the mercantile license to be issued shall be subject to revocation. Applicant hereby consents to the inspection of the premises by authorized inspectors of the City of Wildwood, at reasonable times and upon reasonable notice, for the purpose of determining whether or not said premises comply with applicable property maintenance codes of the City of Wildwood.

Print name	Signature	Date

DO NOT WRITE BELOW THIS LINE.

Property address _____ Date of City's inspection 3.24.14

Official who completed inspection: Bannon Occupancy limit: 1

Approval or Referral to the Governing Body

Chief of Police

Approval: ✓ I, the Chief of Police for the City of Wildwood, have no objection to the issuance of this license.

Or Signature

Referral: _____ I, the Chief of Police for the City of Wildwood, have concerns about the issuance of this license which should be addressed by the City's governing body before any license may be issued.

Signature

Fire Official

Approval: ✓ I, the Fire Official for the City of Wildwood, have no objection to the issuance of this license.

Or Signature 3/25/14

Referral: _____ I, the Fire Official for the City of Wildwood, have concerns about the issuance of this license which should be addressed by the City's governing body before any license may be issued.

Signature

Property Inspector

Approval: ✓ I, the Property Inspector for the City of Wildwood, have no objection to the issuance of this.

Or Signature

Referral: _____ I, the Property Inspector for the City of Wildwood, have concerns about the issuance of this license which should be addressed by the City's governing body before any license may be issued.

Signature

If Referred, Governing Body Action:

_____ License Granted _____ Conditional License Granted _____ License Denied Date of Action: _____

Date of Receipt by Clerk's Office:

RECEIVED
APR 09 2014
CITY CLERK'S OFFICE

Account #02933

Bill mailed 4/28/14 DO NOT WRITE ABOVE THIS LINE.

City of Wildwood
Rental Housing Mercantile License Application
License Term: May 1, 2014 – April 30, 2015

Property Street Address:	225 E. Wildwood Ave Unit 417
Property Trade Name, if applicable:	Diplomat
Name of Property Owner of Record:	Vincent and Bernadette Pileggi
Property Owner's mailing address:	836 Wickwood Rd, Warrington PA 18976
Property Owner's phone number:	215-491-7150
Property Owner's email:	B. Pileggi@comcast.net
Name of Property Manager or Agent:	Shirley Kaulf
Manager/Agent's address:	225 E Wildwood Ave
Manager/Agent's phone number:	855-886-6835
Manager/Agent's email:	n/a
Emergency Contact person & phone number:	Bernadette Pileggi [redacted]
Number of dwelling units on the property:	1
Number of dwelling units to be leased or made available to others:	1
Number of sleeping rooms, in all dwelling units to made available to others:	1

225 E Wildwood Ave #417

A floor plan sketch must be attached which shows each sleeping room and the dimensions of ALL rooms, including lavatories and utility rooms.

Insurance Company: Nationwide Insurance Policy # _____

Location of Shut Off Valves:

Electric: _____ Nat. Gas: N/A

Water: _____ Propane: N/A

Circle all months this property or part of it will be or may be available to be occupied by anyone other than the owner:

January February March (April) (May) (June) (July) (August) (September) (October) November December

Is the property fully occupied by a tenant(s) who have year round/12 month lease(s)? No If yes, attach lease(s) or other proof. If lease(s) or other proof is/are not attached the property will be considered a seasonally rented property.

Are all property taxes, sewer fees, water fees and municipal assessments and fire inspection fees paid and up to date? yes

The undersigned certifies that the information supplied herein is true and correct. Applicant certified he/she will comply with all provisions pertinent to NJ Statues, Regulations and Municipal Ordinances. If failing to do so, applicant acknowledges that the mercantile license to be issued shall be subject to revocation. Applicant hereby consents to the inspection of the premises by authorized inspectors of the City of Wildwood, at reasonable times and upon reasonable notice, for the purpose of determining whether or not said premises comply with applicable property maintenance codes of the City of Wildwood.

Bernadette Pilegi — Print name

Bernadette Pilegi — Signature

3-3-14 — Date

DO NOT WRITE BELOW THIS LINE.

Property address _____ Date of City's inspection 4/11/14

Official who completed inspection: _____ Occupancy limit: 2

Approval or Referral to the Governing Body

Chief of Police

Approval: ✓ I, the Chief of Police for the City of Wildwood, have no objection to the issuance of this license.

Signature

Or

Referral: _____ I, the Chief of Police for the City of Wildwood, have concerns about the issuance of this license which should be addressed by the City's governing body before any license may be issued.

Signature

Fire Official

Approval: ✓ I, the Fire Official for the City of Wildwood, have no objection to the issuance of this license.

Signature

Or

Referral: _____ I, the Fire Official for the City of Wildwood, have concerns about the issuance of this license which should be addressed by the City's governing body before any license may be issued.

Signature

Property Inspector

Approval: ✓ I, the Property Inspector for the City of Wildwood, have no objection to the issuance of this.

Signature

Or

Referral: _____ I, the Property Inspector for the City of Wildwood, have concerns about the issuance of this license which should be addressed by the City's governing body before any license may be issued.

Signature

If Referred, Governing Body Action:

_____ License Granted _____ Conditional License Granted _____ License Denied Date of Action: _____

Date of Receipt by Clerk's Office:

4-7-14 ~~Encomp.~~ QK

Bill Mailed: 5/23/14 ACCT# 02934

DO NOT WRITE ABOVE THIS LINE.

City of Wildwood
Rental Housing Mercantile License Application
License Term: May 1, 2014 – April 30, 2015

Property Street Address:	225 E Wildwood Ave Wildwood NJ 08260 # Unit 418
Property Trade Name, if applicable:	The DIPLOMAT
Name of Property Owner of Record:	Antonio + Denise LaGala
Property Owner's mailing address:	151 Smith Circle Point Pleasant NJ 08742
Property Owner's phone number:	732-714-9486
Property Owner's email:	dlagala@aol.com
Name of Property Manager or Agent:	Shirley Kaulf
Manager/Agent's address:	225 E. Wildwood Ave Wildwood NJ 08260
Manager/Agent's phone number:	609-741-1442
Manager/Agent's email:	sakaulf@yahoo.com
Emergency Contact person & phone number:	Denise Labala [redacted]
Number of dwelling units on the property:	88
Number of dwelling units to be leased or made available to others:	I dont know contact manager
Number of sleeping rooms, in all dwelling units to made available to others:	I dont know contant manager

A floor plan sketch must be attached which shows each sleeping room and the dimensions of ALL rooms, including lavatories and utility rooms.

Insurance Company: Mercer Insurance Policy # [redacted]

Location of Shut Off Valves: Please contact MANAGER - Shirley Kaulf

Electric: _____ Nat. Gas: _____

Water: _____ Propane: _____

Circle all months this property or part of it will be or may be available to be occupied by anyone other than the owner:

January February March (April) (May) (June) (July) (August) (September) (October) November December

Is the property fully occupied by a tenant(s) who have year round/12 month lease(s)? NO If yes, attach lease(s) or other proof. If lease(s) or other proof is/are not attached the property will be considered a seasonally rented property.

Are all property taxes, sewer fees, water fees and municipal assessments and fire inspection fees paid and up to date? YES

The undersigned certifies that the information supplied herein is true and correct. Applicant certified he/she will comply with all provisions pertinent to NJ Statues, Regulations and Municipal Ordinances. If failing to do so, applicant acknowledges that the mercantile license to be issued shall be subject to revocation. Applicant hereby consents to the inspection of the premises by authorized inspectors of the City of Wildwood, at reasonable times and upon reasonable notice, for the purpose of determining whether or not said premises comply with applicable property maintenance codes of the City of Wildwood.

Antonio LaGala — Print name

Signature

2/28/14 — Date

DO NOT WRITE BELOW THIS LINE.

Property address _____ Date of City's inspection 5/6/14

Official who completed inspection: _____ Occupancy limit: 8

Approval or Referral to the Governing Body

Chief of Police

Approval: ✓ I, the Chief of Police for the City of Wildwood, have no objection to the issuance of this license.

Or

Signature

Referral: _____ I, the Chief of Police for the City of Wildwood, have concerns about the issuance of this license which should be addressed by the City's governing body before any license may be issued.

Signature

Fire Official

Approval: ✓ I, the Fire Official for the City of Wildwood, have no objection to the issuance of this license.

Or

Signature

Referral: _____ I, the Fire Official for the City of Wildwood, have concerns about the issuance of this license which should be addressed by the City's governing body before any license may be issued.

Signature

Property Inspector

Approval: ✓ I, the Property Inspector for the City of Wildwood, have no objection to the issuance of this.

Or

Signature

Referral: _____ I, the Property Inspector for the City of Wildwood, have concerns about the issuance of this license which should be addressed by the City's governing body before any license may be issued.

Signature

If Referred, Governing Body Action:

_____ License Granted _____ Conditional License Granted _____ License Denied Date of Action: _____

Bill Mailed 2/28/14

Date of Receipt by Clerk's Office:

RECEIVED

ACCT# 03203

DO NOT WRITE ABOVE THIS LINE.

City of Wildwood
Rental Housing Mercantile License Application
License Term: May 1, 2014 – April 30, 2015

Property Street Address:	225 E. Wildwood Ave., Wildwood, NJ 08260 (UNIT 514)
Property Trade Name, if applicable:	Diplomat Condominium Association
Name of Property Owner of Record:	Payne NJ Properties, LLC
Property Owner's mailing address:	18 McCormick Place, Staten Island, NY 10305
Property Owner's phone number:	718 447-7315
Property Owner's email:	Jim1399@Verizon.net
Name of Property Manager or Agent:	Shirley Kaulf
Manager/Agent's address:	225 E. Wildwood Ave, Wildwood, NJ 08260
Manager/Agent's phone number:	609 729-5200
Manager/Agent's email:	Info@DiplomatSuites.com
Emergency Contact person & phone number:	Shirley Kaulf [redacted]
Number of dwelling units on the property:	1
Number of dwelling units to be leased or made available to others:	1 (UNIT 514)
Number of sleeping rooms, in all dwelling units to made available to others:	3

A floor plan sketch must be attached which shows each sleeping room and the dimensions of ALL rooms, including lavatories and utility rooms.

Insurance Company: Mesa Underwriters Insurance Policy # [redacted]

Location of Shut Off Valves:

Electric: in unit by door Nat. Gas: None

Water: main valve, electrical rm, 1st flr Propane: None

Circle all months this property or part of it will be or may be available to be occupied by anyone other than the owner:

January February March (April) (May) (June) (July) (August) (September) (October) November December

Is the property fully occupied by a tenant(s) who have year round/12 month lease(s)? No If yes, attach lease(s) or other proof. If lease(s) or other proof is/are not attached the property will be considered a seasonally rented property.

Are all property taxes, sewer fees, water fees and municipal assessments and fire inspection fees paid and up to date? Yes 8/1/14

The undersigned certifies that the information supplied herein is true and correct. Applicant certified he/she will comply with all provisions pertinent to NJ Statues, Regulations and Municipal Ordinances. If failing to do so, applicant acknowledges that the mercantile license to be issued shall be subject to revocation. Applicant hereby consents to the inspection of the premises by authorized inspectors of the City of Wildwood, at reasonable times and upon reasonable notice, for the purpose of determining whether or not said premises comply with applicable property maintenance codes of the City of Wildwood.

James W. Payne — Print name

James W Payne — Signature

1/3/14 — Date

DO NOT WRITE BELOW THIS LINE.

Property address 229 E Williams Ave Date of City's inspection 2-12-14

Official who completed inspection: Ronan Occupancy limit: 3

Approval or Referral to the Governing Body

Chief of Police

Approval: ✓ I, the Chief of Police for the City of Wildwood, have no objection to the issuance of this license.

Signature

Or

Referral: _____ I, the Chief of Police for the City of Wildwood, have concerns about the issuance of this license which should be addressed by the City's governing body before any license may be issued.

Signature

Fire Official

Approval: ✓ I, the Fire Official for the City of Wildwood, have no objection to the issuance of this license.

2/12/14

Signature

Or

Referral: _____ I, the Fire Official for the City of Wildwood, have concerns about the issuance of this license which should be addressed by the City's governing body before any license may be issued.

Signature

Property Inspector

Approval: ✓ I, the Property Inspector for the City of Wildwood, have no objection to the issuance of this.

Signature

Or

Referral: _____ I, the Property Inspector for the City of Wildwood, have concerns about the issuance of this license which should be addressed by the City's governing body before any license may be issued.

Signature

If Referred, Governing Body Action:

_____ License Granted _____ Conditional License Granted _____ License Denied Date of Action: _____

Bill Mailed 2/28/14

ACCT# 02938

Date of Receipt by Clerk's Office:

RECEIVED

DO NOT WRITE ABOVE THIS LINE.

City of Wildwood
Rental Housing Mercantile License Application
License Term: May 1, 2014 – April 30, 2015

Property Street Address:	225 E. Wildwood Ave. Wildwood, NJ 08260 (UNIT 515)
Property Trade Name, if applicable:	Diplomat Condominium Association
Name of Property Owner of Record:	Payne NJ Properties, LLC
Property Owner's mailing address:	18 McCormick Place, Staten Island, NY 10305
Property Owner's phone number:	718 447-7315
Property Owner's email:	Jim1399@Verizon.net
Name of Property Manager or Agent:	Shirley Kaulf
Manager/Agent's address:	225 E. Wildwood Ave. Wildwood, NJ 08260
Manager/Agent's phone number:	609 729-5200
Manager/Agent's email:	Info@DiplomatSuites.com
Emergency Contact person & phone number:	Shirley Kaulf [redacted]
Number of dwelling units on the property:	1
Number of dwelling units to be leased or made available to others:	1 (UNIT 515)
Number of sleeping rooms, in all dwelling units to made available to others:	2

A floor plan sketch must be attached which shows each sleeping room and the dimensions of ALL rooms, including lavatories and utility rooms.

Insurance Company: Mesa Underwriters Insurance Policy # [redacted]

Location of Shut Off Valves:

Electric: in unit by door Nat. Gas: None

Water: Main valve, electrical rm, 1st flr Propane: None

Circle all months this property or part of it will be or may be available to be occupied by anyone other than the owner:

January February March (April) (May) (June) (July) (August) (September) (October) November December

Is the property fully occupied by a tenant(s) who have year round/12 month lease(s)? No If yes, attach lease(s) or other proof. If lease(s) or other proof is/are not attached the property will be considered a seasonally rented property.

Are all property taxes, sewer fees, water fees and municipal assessments and fire inspection fees paid and up to date? Yes 8/1/14

The undersigned certifies that the information supplied herein is true and correct. Applicant certified he/she will comply with all provisions pertinent to NJ Statues, Regulations and Municipal Ordinances. If failing to do so, applicant acknowledges that the mercantile license to be issued shall be subject to revocation. Applicant hereby consents to the inspection of the premises by authorized inspectors of the City of Wildwood, at reasonable times and upon reasonable notice, for the purpose of determining whether or not said premises comply with applicable property maintenance codes of the City of Wildwood.

James W. Payne — Print name

James W Payne — Signature

1/3/14 — Date

DO NOT WRITE BELOW THIS LINE.

Property address 125 E. Wildwood Ave. Date of City's inspection 2/12/14

Official who completed inspection: Banner Occupancy limit: 2

Approval or Referral to the Governing Body

Chief of Police

Approval: ✓ I, the Chief of Police for the City of Wildwood, have no objection to the issuance of this license.

Signature

Or

Referral: _____ I, the Chief of Police for the City of Wildwood, have concerns about the issuance of this license which should be addressed by the City's governing body before any license may be issued.

Signature

Fire Official

Approval: ✓ I, the Fire Official for the City of Wildwood, have no objection to the issuance of this license.

Signature 2/12/14

Or

Referral: _____ I, the Fire Official for the City of Wildwood, have concerns about the issuance of this license which should be addressed by the City's governing body before any license may be issued.

Signature

Property Inspector

Approval: ✓ I, the Property Inspector for the City of Wildwood, have no objection to the issuance of this.

Signature

Or

Referral: _____ I, the Property Inspector for the City of Wildwood, have concerns about the issuance of this license which should be addressed by the City's governing body before any license may be issued.

Signature

If Referred, Governing Body Action:

_____ License Granted _____ Conditional License Granted _____ License Denied Date of Action: _____

Bill Mailed: 2/28/14

ACCT # 02873

Date of Receipt by Clerk's Office:

DO NOT WRITE ABOVE THIS LINE.

City of Wildwood
Rental Housing Mercantile License Application
License Term: May 1, 2014 – April 30, 2015

Property Street Address:	#505 - 225 EAST Wildwood AVE WILDWOOD
Property Trade Name, if applicable:	DIPLOMAT
Name of Property Owner of Record:	JOHN KLUCHARITS
Property Owner's mailing address:	131 PINE DRIVE EMERSON NJ 07630
Property Owner's phone number:	201 - 261-5142
Property Owner's email:	JKluchariTS@ESMFeralie.com
Name of Property Manager or Agent:	SHIRLEY KAULF
Manager/Agent's address:	225 EAST Wildwood AVE Wildwood
Manager/Agent's phone number:	609-729-5200
Manager/Agent's email:	SAKAUIF@YAHOO.COM
Emergency Contact person & phone number:	SHIRLEY KAULF [redacted]
Number of dwelling units on the property:	88
Number of dwelling units to be leased or made available to others:	
Number of sleeping rooms, in all dwelling units to made available to others:	2

A floor plan sketch must be attached which shows each sleeping room and the dimensions of ALL rooms, including lavatories and utility rooms.

Insurance Company: CUMBERLAND INSURANCE Policy # [redacted]

Location of Shut Off Valves:

Electric: Kitchen Nat. Gas: N/A

Water: Corner SINKS Kitchen & Bath Propane: N/A

Circle all months this property or part of it will be or may be available to be occupied by anyone other than the owner:

January February March (April) (May) (June) (July) (August) (September) (October) November December

Is the property fully occupied by a tenant(s) who have year round/12 month lease(s)? NO If yes, attach lease(s) or other proof. If lease(s) or other proof is/are not attached the property will be considered a seasonally rented property.

Are all property taxes, sewer fees, water fees and municipal assessments and fire inspection fees paid and up to date? _____

The undersigned certifies that the information supplied herein is true and correct. Applicant certified he/she will comply with all provisions pertinent to NJ Statues, Regulations and Municipal Ordinances. If failing to do so, applicant acknowledges that the mercantile license to be issued shall be subject to revocation. Applicant hereby consents to the inspection of the premises by authorized inspectors of the City of Wildwood, at reasonable times and upon reasonable notice, for the purpose of determining whether or not said premises comply with applicable property maintenance codes of the City of Wildwood.

JOHN KLUCHARITS — Print name

Signature — Date 2/5/14

DO NOT WRITE BELOW THIS LINE.

Property address 233 E. WILDWOOD AVE Date of City's inspection 2-12-14

Official who completed inspection: RANDY Occupancy limit: 1

Approval or Referral to the Governing Body

Chief of Police

Approval: ✓ I, the Chief of Police for the City of Wildwood, have no objection to the issuance of this license.

Signature

Or

Referral: _____ I, the Chief of Police for the City of Wildwood, have concerns about the issuance of this license which should be addressed by the City's governing body before any license may be issued.

Signature

Fire Official

Approval: X I, the Fire Official for the City of Wildwood, have no objection to the issuance of this license.

Signature 2/10/14

Or

Referral: _____ I, the Fire Official for the City of Wildwood, have concerns about the issuance of this license which should be addressed by the City's governing body before any license may be issued.

Signature

Property Inspector

Approval: ✓ I, the Property Inspector for the City of Wildwood, have no objection to the issuance of this.

Signature

Or

Referral: _____ I, the Property Inspector for the City of Wildwood, have concerns about the issuance of this license which should be addressed by the City's governing body before any license may be issued.

Signature

If Referred, Governing Body Action:

_____ License Granted _____ Conditional License Granted _____ License Denied Date of Action: _____

Bill Mailed: 3/28/14

Date of Receipt by Clerk's Office:

ACCT# 01973

DO NOT WRITE ABOVE THIS LINE.

City of Wildwood
Rental Housing Mercantile License Application
License Term: May 1, 2014 – April 30, 2015

Property Street Address:	225 E. Wildwood Avenue, Unit 521, Wildwood, NJ
Property Trade Name, if applicable:	Diplomat
Name of Property Owner of Record:	Paul Voss / Theresa Walls
Property Owner's mailing address:	8 Adelaide Court, Newark, DE
Property Owner's phone number:	484 574 6267
Property Owner's email:	twalls711@gmail.com
Name of Property Manager or Agent:	Diplomat Condominium Assoc. / Shirley Kaulf
Manager/Agent's address:	225 E. Wildwood Avenue, Wildwood, NJ
Manager/Agent's phone number:	609-729-5207
Manager/Agent's email:	skaulf@yahoo.com
Emergency Contact person & phone number:	Shirley Kaulf [redacted]
Number of dwelling units on the property:	80
Number of dwelling units to be leased or made available to others:	1 my unit.
Number of sleeping rooms, in all dwelling units to made available to others:	one

A floor plan sketch must be attached which shows each sleeping room and the dimensions of ALL rooms, including lavatories and utility rooms.

Insurance Company: The Hartford Policy # [redacted]

Location of Shut Off Valves:

Electric: [redacted] Nat. Gas: N/A

Water: First floor Propane: N/A

Circle all months this property or part of it will be or may be available to be occupied by anyone other than the owner:

January February March (April) (May) (June) (July) (August) (September) (October) November December

Is the property fully occupied by a tenant(s) who have year round/12 month lease(s)? ND If yes, attach lease(s) or other proof. If lease(s) or other proof is/are not attached the property will be considered a seasonally rented property.

Are all property taxes, sewer fees, water fees and municipal assessments and fire inspection fees paid and up to date? YES

The undersigned certifies that the information supplied herein is true and correct. Applicant certified he/she will comply with all provisions pertinent to NJ Statues, Regulations and Municipal Ordinances. If failing to do so, applicant acknowledges that the mercantile license to be issued shall be subject to revocation. Applicant hereby consents to the inspection of the premises by authorized inspectors of the City of Wildwood, at reasonable times and upon reasonable notice, for the purpose of determining whether or not said premises comply with applicable property maintenance codes of the City of Wildwood.

Print name	Signature	Date
[illegible]	[illegible]	2/19/19

DO NOT WRITE BELOW THIS LINE.

Property address _____ Date of City's inspection 3/3/19

Official who completed inspection: [illegible] Occupancy limit: 9

~~Approval or Referral to the Governing Body~~

Chief of Police

Approval: ✓ I, the Chief of Police for the City of Wildwood, have no objection to the issuance of this license.

Or

[signature]
Signature

Referral: _____ I, the Chief of Police for the City of Wildwood, have concerns about the issuance of this license which should be addressed by the City's governing body before any license may be issued.

_____
Signature

Fire Official

Approval: ✓ I, the Fire Official for the City of Wildwood, have no objection to the issuance of this license.

Or

[signature] 3/20/19
Signature

Referral: _____ I, the Fire Official for the City of Wildwood, have concerns about the issuance of this license which should be addressed by the City's governing body before any license may be issued.

_____
Signature

Property Inspector

Approval: _____ I, the Property Inspector for the City of Wildwood, have no objection to the issuance of this.

Or

_____
Signature

Referral: _____ I, the Property Inspector for the City of Wildwood, have concerns about the issuance of this license which should be addressed by the City's governing body before any license may be issued.

_____
Signature

If Referred, Governing Body Action:

_____ License Granted _____ Conditional License Granted _____ License Denied Date of Action: _____

Date of Receipt by Clerk's Office: RECEIVED

MAY 02 2018

CITY CLERK'S OFFICE

Bill Mailed: 6/7/18 ACCT# 08111 DO NOT WRITE ABOVE THIS LINE.

City of Wildwood
Rental Housing Mercantile License Application
License Term: May 1, 2014 – April 30, 2015

Property Street Address:	225 East wildwood Ave, Unit 501 wildwood NJ 08260
Property Trade Name, if applicable:	Diplomat suites
Name of Property Owner of Record:	David & Ranjit ColoFranson
Property Owner's mailing address:	22 Samantha DRive Hammonton, NJ 08037
Property Owner's phone number:	856-602-1811
Property Owner's email:	ColoFran1234@Hotmail.com
Name of Property Manager or Agent:	Shelly
Manager/Agent's address:	225 East wildwood Ave, wildwood NJ 08260
Manager/Agent's phone number:	609-729-5200
Manager/Agent's email:	unknown
Emergency Contact person & phone number:	[redacted]
Number of dwelling units on the property:	~~8~~ 88
Number of dwelling units to be leased or made available to others:	1
Number of sleeping rooms, in all dwelling units to made available to others:	1

Block 201 . Lot 4 C0501

A floor plan sketch must be attached which shows each sleeping room and the dimensions of ALL rooms, including lavatories and utility rooms.

Insurance Company: The Barclay Group Policy # [redacted]

Location of Shut Off Valves:

Electric: Panel in unit Nat. Gas: None

Water: Down stairs main Propane: None

Circle all months this property or part of it will be or may be available to be occupied by anyone other than the owner:

January February March April (May) (June) (July) (August) (September) (October) November December

Is the property fully occupied by a tenant(s) who have year round/12 month lease(s)? NO If yes, attach lease(s) or other proof. If lease(s) or other proof is/are not attached the property will be considered a seasonally rented property.

Are all property taxes, sewer fees, water fees and municipal assessments and fire inspection fees paid and up to date? YES

The undersigned certifies that the information supplied herein is true and correct. Applicant certified he/she will comply with all provisions pertinent to NJ Statues, Regulations and Municipal Ordinances. If failing to do so, applicant acknowledges that the mercantile license to be issued shall be subject to revocation. Applicant hereby consents to the inspection of the premises by authorized inspectors of the City of Wildwood, at reasonable times and upon reasonable notice, for the purpose of determining whether or not said premises comply with applicable property maintenance codes of the City of Wildwood.

David Colofranson _____ _____
Print name Signature Date

DO NOT WRITE BELOW THIS LINE.

Property address 225 E Wildwood 501 Date of City's inspection 5/4/18

Official who completed inspection: DAVIS Occupancy limit: 2

Approval or Referral to the Governing Body

Chief of Police

Approval: ✓ I, the Chief of Police for the City of Wildwood, have no objection to the issuance of this license.

Or Signature

Referral: _____ I, the Chief of Police for the City of Wildwood, have concerns about the issuance of this license which should be addressed by the City's governing body before any license may be issued.

Signature

Fire Official

Approval: ✓ I, the Fire Official for the City of Wildwood, have no objection to the issuance of this license.

Or Signature

Referral: _____ I, the Fire Official for the City of Wildwood, have concerns about the issuance of this license which should be addressed by the City's governing body before any license may be issued.

Signature

Property Inspector

Approval: ✓ I, the Property Inspector for the City of Wildwood, have no objection to the issuance of this.

Or Signature

Referral: _____ I, the Property Inspector for the City of Wildwood, have concerns about the issuance of this license which should be addressed by the City's governing body before any license may be issued.

Signature

If Referred, Governing Body Action:

_____ License Granted _____ Conditional License Granted _____ License Denied Date of Action: _____

RECEIVED
MAR 31 2014 < Rental Compl.
CITY CLERK'S OFFICE Call on 3/24

Date of Receipt by Clerk's Office:

DO NOT WRITE ABOVE THIS LINE. Incomp.

B. 11 mailed 6/5/14 Account # 07083

City of Wildwood
Rental Housing Mercantile License Application
License Term: May 1, 2014 – April 30, 2015

Property Street Address:	225 East Wildwood Ave. - Unit 206
Property Trade Name, if applicable:	Diplomat Condo.
Name of Property Owner of Record:	Melvin Grimm Joyce Grimm
Property Owner's mailing address:	348 Marose Drive Pittsburgh PA. 15235
Property Owner's phone number:	412-241-6588
Property Owner's email:	rnjoyceg@gmail.com
Name of Property Manager or Agent:	Shirley Kautt - Diplomat Condominium
Manager/Agent's address:	
Manager/Agent's phone number:	609-741-1442 609-729-5200
Manager/Agent's email:	
Emergency Contact person & phone number:	Shirley Kautt [redacted]
Number of dwelling units on the property:	
Number of dwelling units to be leased or made available to others:	One - 206
Number of sleeping rooms, in all dwelling units to made available to others:	

225 E. Wildwood Ave #206

A floor plan sketch must be attached which shows each sleeping room and the dimensions of ALL rooms, including lavatories and utility rooms.

Insurance Company: Agent-Coastal Agents Alliance Policy # [redacted]

Location of Shut Off Valves: Broker Billinger

Electric: Del Dept Nat. Gas: _____

Water: _____ Propane: _____

Circle all months this property or part of it will be or may be available to be occupied by anyone other than the owner:

January February March (April) (May) (June) (July) (August) (September) October November December

Is the property fully occupied by a tenant(s) who have year round/12 month lease(s)? No If yes, attach lease(s) or other proof. If lease(s) or other proof is/are not attached the property will be considered a seasonally rented property.

Are all property taxes, sewer fees, water fees and municipal assessments and fire inspection fees paid and up to date? Yes

The undersigned certifies that the information supplied herein is true and correct. Applicant certified he/she will comply with all provisions pertinent to NJ Statues, Regulations and Municipal Ordinances. If failing to do so, applicant acknowledges that the mercantile license to be issued shall be subject to revocation. Applicant hereby consents to the inspection of the premises by authorized inspectors of the City of Wildwood, at reasonable times and upon reasonable notice, for the purpose of determining whether or not said premises comply with applicable property maintenance codes of the City of Wildwood.

Joyce Grimm — Print name
Melvin Grimm

Signature

2/1/14 — Date

DO NOT WRITE BELOW THIS LINE.

Property address _____ Date of City's inspection 4-3-14

Official who completed inspection: _____ Occupancy limit: 2

Approval or Referral to the Governing Body

Chief of Police

Approval: ✓ I, the Chief of Police for the City of Wildwood, have no objection to the issuance of this license.

Signature

Or

Referral: _____ I, the Chief of Police for the City of Wildwood, have concerns about the issuance of this license which should be addressed by the City's governing body before any license may be issued.

Signature

Fire Official

Approval: ✓ I, the Fire Official for the City of Wildwood, have no objection to the issuance of this license.

Signature 4/10/14

Or

Referral: _____ I, the Fire Official for the City of Wildwood, have concerns about the issuance of this license which should be addressed by the City's governing body before any license may be issued.

Signature

Property Inspector

Approval: ✓ I, the Property Inspector for the City of Wildwood, have no objection to the issuance of this.

Signature

Or

Referral: _____ I, the Property Inspector for the City of Wildwood, have concerns about the issuance of this license which should be addressed by the City's governing body before any license may be issued.

Signature

If Referred, Governing Body Action:

_____ License Granted _____ Conditional License Granted _____ License Denied Date of Action: _____

RECEIVED
MAY 13 2015
CITY CLERK'S OFFICE
New

Date of Receipt by Clerk's Office:

Bill mailed 6/3/15 Account 107532
DO NOT WRITE ABOVE THIS LINE.

City of Wildwood
Rental Housing Mercantile License Application
License Term: May 1, 2014 – April 30, 2015

Property Street Address:	225 E. Wildwood Ave Unit 223
Property Trade Name, if applicable:	
Name of Property Owner of Record:	David DiGiovanni / Theresa Brown
Property Owner's mailing address:	417A Gaskill St Philadelphia PA 19147
Property Owner's phone number:	215 380 0169
Property Owner's email:	DAVID.DIGIOVANNI@gmail.com
Name of Property Manager or Agent:	Shirley Kaulf
Manager/Agent's address:	The Diplomat 225 E Wildwood Ave Wildwood, NJ 08260
Manager/Agent's phone number:	609 741 1442
Manager/Agent's email:	SAKAULF@yahoo.com
Emergency Contact person & phone number:	David DiGiovanni [redacted] Theresa Brown [redacted]
Number of dwelling units on the property:	1
Number of dwelling units to be leased or made available to others:	1
Number of sleeping rooms, in all dwelling units to made available to others:	1

225 E. Wildwood Ave # 223

A floor plan sketch must be attached which shows each sleeping room and the dimensions of ALL rooms, including lavatories and utility rooms.

Insurance Company: Lloyds of London Policy #: [redacted]

Location of Shut Off Valves:

Electric: Breaker box Nat. Gas: N/A

Water: not in unit Propane: N/A

Circle all months this property or part of it will be or may be available to be occupied by anyone other than the owner:

January February March (April) (May) (June) (July) (August) (September) (October) November December

Is the property fully occupied by a tenant(s) who have year round/12 month lease(s)? No. If yes, attach lease(s) or other proof. If lease(s) or other proof is/are not attached the property will be considered a seasonally rented property.

Are all property taxes, sewer fees, water fees and municipal assessments and fire inspection fees paid and up to date? yes

The undersigne I certifies that the information supplied herein is true and correct. Applicant certified he/she will comply with all provisions pertinent to NJ Statues, Regulations and Municipal Ordinances. If failing to do so, applicant acknowledges that the mercantile license to be issued shall be subject to revocation. Applicant hereby consents to the inspection of the premises by authorized inspectors of the City of Wildwood, at reasonable times and upon reasonable notice, for the purpose of determining whether or not said premises comply with applicable property maintenance codes of the City of Wildwood.

David DiGravanni — Print name

Signature

5/13/15 — Date

DO NOT WRITE BELOW THIS LINE.

Property address 225 E Wildwood 223 Date of City's inspection 5/14/15

Official who completed inspection: Davis Occupancy limit: 2

Approval or Referral to the Governing Body

Chief of Police

Approval: ✓ I, the Chief of Police for the City of Wildwood, have no objection to the issuance of this license.

Or

Signature

Referral: _____ I, the Chief of Police for the City of Wildwood, have concerns about the issuance of this license which should be addressed by the City's governing body before any license may be issued.

Signature

Fire Official

Approval: ✓ I, the Fire Official for the City of Wildwood, have no objection to the issuance of this license. Ronald Howard 6.1.15

Or

Signature

Referral: _____ I, the Fire Official for the City of Wildwood, have concerns about the issuance of this license which should be addressed by the City's governing body before any license may be issued.

Signature

Property Inspector

Approval: ✓ I, the Property Inspector for the City of Wildwood, have no objection to the issuance of this.

Or

Signature

Referral: _____ I, the Property Inspector for the City of Wildwood, have concerns about the issuance of this license which should be addressed by the City's governing body before any license may be issued.

Signature

If Referred, Governing Body Action

_____ License Granted _____ Conditional License Granted _____ License Denied Date of Action: _____

Establishment Listing w Mailing Address

WILDWOOD, NJ 08260

03/18/20 10:45:58 AM

Number / Category	Name / Statue	Address / Stat #	Contact	Excess	Year
07096		225 E WILDWOOD AVE UNIT #115	ROSS, GARY & CHOBANY, SUSAN		
	1 CONDO DIPLOMAT NO TDF	0 General		0.00	
55 THREEWOOD DR.		GLEN MILLS PA 19342			
07236	DIPLOMAT	225 E. WILDWOOD AVE, UNIT 414	PAYNE NJ PROPERTIES, LLC		
	1 CONDO DIPLOMAT NO TDF	0 General		-12.00	
18 MCCORMICK PLACE		STATEN ISLAND, NY 10305			
07276	DIPLOMAT	225 E. WILDWOOD AVE, UNIT 518	ROMALINO, KENNETH & DORENN		
	1 CONDO DIPLOMAT NO TDF	0 General		-6.00	
450 SUNNYHILL AVE		FRANKLINVILLE, NJ 08322			
07277	DIPLOMAT	225 E. WILDWOOD AVE, UNIT 220	IDELSON, VICTOR & OKSANA		
	1 CONDO DIPLOMAT NO TDF	0 General		0.00	
2276 FOREST GLEN DRIVE		WARRINGTON, PA 18976			
07465	DIPLOMAT	225 E. WILDWOOD AVE, #305	PARTYKA, ALBERT & THERESA		
	1 CONDO DIPLOMAT NO TDF	0 General		0.00	
221 GLENWOOD ROAD		PINE ISLAND, NY 10969			
07623	DIPLOMAT	225 E. WILDWOOD AVE, UNIT 519	SCHLEGEL, LEONARD & NANCY		
	1 CONDO DIPLOMAT NO TDF	0 General		0.00	
300 GREENWAY STREET		FLEETWOOD, PA 19522			
07648	DIPLOMAT	225 E. WILDWOOD AVE, UNIT 208	BOLTON, TERRANCE & MICHELE		
	1 CONDO DIPLOMAT NO TDF	0 General		0.00	
4944 THIRD AVENUE		BENSALEM, PA 19020			
07853	DIPLOMAT	225 E. WILDWOOD AVE, UNIT 102	FLICK, CHARLES		
	1 CONDO DIPLOMAT NO TDF	0 General		-12.00	
9905 SEAPOINT BLVD, #609		WILDWOOD CREST, NJ 08260			
08337	DIPLOMAT	225 E. WILDWOOD AVE, UNIT 120	LUFT, TRAVIS		
	1 CONDO DIPLOMAT NO TDF	0 General		-6.00	
376 MANOR AVE		PLYMOUTH MEETING, PA 19462			
06418	DIPLOMAT BEACH CLUB	225 E WILDWOOD AVE #314	PAYNE NJ PROPERTIES, LLC		
	1 CONDO DIPLOMAT NO TDF	0 General		-12.00	
18 MCCORMICK PLACE		STATEN ISLAND, NY 10305			

Number Category	Name Statue	Address Stat #	Contact	Excess	Year
07323	DIPLOMAT CONDO	225 E. WILDWOOD AVE, UNIT 503	SCHLEGEL, LEONARD & NANCY		
	1 CONDO DIPLOMAT NO TDF	0 General		-6.00	
300 W. GREENWAY ST.	FLEETWOOD, PA 19522				
03629	DIPLOMAT CONDO #202	225 E. WILDWOOD AVE.	SCHLEGEL, LEONARD		
	1 CONDO DIPLOMAT NO TDF	0 General		0.00	
300 W. GREENWAY ST.	FLEETWOOD, PA 19522				
02947	DIPLOMAT CONDO #307	225 E. WILDWOOD AVENUE	BOSSIO, ARTURO		
	1 CONDO DIPLOMAT NO TDF	0 General		-6.00	
1261 KENNEDY ROAD, UNIT 5	TORONTO, ONTARIO, CA M1P2L4				
02917	DIPLOMAT CONDO #319	225 E WILDWOOD AVE	HERNANDEZ, RODRIGO & IVETTE		
	1 CONDO DIPLOMAT NO TDF	0 General		0.00	
948 GARDENBROOK CT SE	PALM BAY, FL 32909				
03106	DIPLOMAT CONDO #PH 4	225 E. WILDWOOD AVE.#PH4	PIZZELLA, DEBBIE		
	1 CONDO DIPLOMAT NO TDF	0 General		0.00	
170 MULLER AVENUE	STATEN ISLAND, NY 10314				
02886	DIPLOMAT CONDO 105	225 E. WILDWOOD AVE.	SCHLEGEL, LEONARD D.		
	1 CONDO DIPLOMAT NO TDF	0 General		0.00	
300 W. GREENWAY ST.	FLEETWOOD, PA 19522				
02918	DIPLOMAT CONDO 320	225 E. WILDWOOD AVE.	WALDER, JOSEPH A.		
	1 CONDO DIPLOMAT NO TDF	0 General		0.00	
104 N. WARREN STREET	WOODBURY, NJ 08096				
02933	DIPLOMAT CONDO 417	225 E. WILDWOOD AVE.	PILEGGI, BERNADETTE & VINCENT		
	1 CONDO DIPLOMAT NO TDF	0 General		0.00	
836 WYCKWOOD ROAD	WARRINGTON, PA 18976				
02934	DIPLOMAT CONDO 418	225 E. WILDWOOD AVE.	LAGALA, ANTONIO & DENISE		
	1 CONDO DIPLOMAT NO TDF	0 General		-6.00	
151 SMITH CIRCLE	POINT PLEASANT, NJ 08742				
03203	DIPLOMAT CONDO 514	225 E. WILDWOOD AVE.	PAYNE NJ PROPERTIES, LLC		
	1 CONDO DIPLOMAT NO TDF	0 General		-12.00	
18 MC CORMICK PLACE	STATEN ISLAND, NY 10305				
02938	DIPLOMAT CONDO 515	225 E. WILDWOOD AVE.	PAYNE NJ PROPERTIES, LLC		
	1 CONDO DIPLOMAT NO TDF	0 General		-6.00	
18 MC CORMICK PL.	STATEN ISLAND, NY 10305				
02873	DIPLOMAT CONDO PH5(#505)	225 E. WILDWOOD AVE.	KLUCHARITIS, JOHN A.		

Number	Name	Address	Contact	Excess	Year
Category	Statue	Stat #			
	1 CONDO DIPLOMAT NO TDF	0 General		-6.00	
131 PINE DRIVE	EMERSON, NJ 07630				
01973	DIPLOMAT CONDOS	225 E. WILDWOOD AVE.#521	WALLS, THERESA & VOSS, PAUL		
	1 CONDO DIPLOMAT NO TDF	0 General		0.00	
8 ADELAIDE COURT	NEWARK, DE 19702				
08111	DIPLOMAT SUITES	225 E. WILDWOOD AVE, UNIT 501	COLOFRANSON, DAVID & RANJIT		
	1 CONDO DIPLOMAT NO TDF	0 General		0.00	
22 SAMANTHA DRIVE	HAMMONTON, NJ 08037				
07083	UNIT 206	225 E WILDWOOD AVE	GRIMM, MELVIN/JOYCE		
	1 CONDO DIPLOMAT NO TDF	0 General		0.00	
348 MAROSE DRIVE	PITTSBURGH PA 15235				
07532	UNIT 223	225 E. WILDWOOD AVENUE	DIGIOVANN, DAVID & BROWN,		
	1 CONDO DIPLOMAT NO TDF	0 General		0.00	
417A GASKILL ST	PHILADELPHIA, PA 19147				