

No. _____

\$100.00 FEE

NONCONFORMING REVIEW APPLICATION

NOTE: This application shall not be altered by an applicant except that additional sheets may be attached where there is insufficient space provided to complete the required information. Additional supporting material may accompany the application at the applicants discretion. No section of the application can be waived without written justification, and such justification is deemed sufficient to warrant a waiver by the Department of Public Works.

PLEASE TYPE OR PRINT NEATLY

APPLICANT'S NAME: _____ DATE: ____/____/____

ADDRESS: _____ PHONE:(____)_____

CITY: _____ STATE: _____ ZIP: _____

STATUS OF APPLICANT: _____
(Owner, renter, potential owner, etc.)

OWNER (If not applicant): _____

ADDRESS : _____ PHONE:(____)_____

CITY: _____ STATE: _____ ZIP: _____

NOTE: If the property owner(s) is (are) not the applicant(s), a notarized statement signed by the owner(s) which states that they have no objection to the proposed nonconformity shall be attached to this application.

LOCATION OF NONCONFORMITY: _____
(Address)

NONCONFORMING USE EXPANSION:(If applicable)

1. Description of expansion of nonconforming use:
(Including floor plans and elevations where applicable)

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2. Any written statement addressing nonconforming use expansion review criteria Pursuant to Section 1107.3 of the Zoning Ordinance.

NONCONFORMING USE REPLACEMENT OR RE-ESTABLISHMENT:(If applicable)

- 1 Existing use: _____
2. Proposed use: _____
3. Any written statement addressing nonconforming use replacement or re-establishment review criteria pursuant to Section 1107.4 of the Zoning Ordinance.

Will the proposed nonconforming use conflict with any covenants internal to the property? _____

APPLICANT'S SIGNATURE: _____ DATE: ____/____/____

PROPERTY
OWNER'S SIGNATURE: _____ DATE: ____/____/____

NOTE: THE APPLICANT OR A REPRESENTATIVE MUST BE PRESENT AT THE PLANNING COMMISSION MEETING. IF NO ONE IS PRESENT, THE REQUEST WILL BE EITHER DENIED OR TABLED UNTIL THE NEXT MEETING.

FOR DEPARTMENT USE ONLY

APPLICATION FEE: \$100.00 PAID: ____/____/____ FEE RECEIPT #: _____

LEGAL DESCRIPTION OF PROPERTY: _____

ZONING DISTRICT: _____

RECEIVED BY: _____ DATE: ____/____/____

ISSUED PERMIT #: _____ DATE: ____/____/____