



Application for Recertification Of Continued Nonconforming Mobile Home Park

Date
Stamp

NCU _____
Staff: _____
Due Date: _____

Fee*: \$ _____

Make checks payable to PWC
(*in accordance with current [Fee Schedule](#))

Applicant Information Property Owner Authorized Agent of Property Owner	Name		Business Title	
	Company Name (if applicable)			
	Mailing Address		City/State	Zip Code
	Email		Phone	
Property Information	Address		City/State	Zip Code
	GPIN (Grid Parcel Identification Number)		Number of Double-wide mobile home pad sites: _____	
			Number of Single-wide mobile home pad sites: _____	

NOTE: County recertification only certifies continuation of the nonconforming mobile home park use. Recertification does not constitute approval for any other uses, buildings or structures. It is the responsibility of the property owner to ensure that all current and future uses, structures, approvals, etc. on the subject property comply with all applicable federal, state, and County laws, ordinances, codes, regulations, and requirements.

I hereby certify that the information provided in this application is accurate, true and correct to the best of my knowledge and belief. I further certify that (a) the nonconforming mobile home park is not discontinued for a two (2) year period since the last recertification request date, (b) the nonconforming mobile home park is not intentionally abandoned, (c) none of the previously verified mobile home pad sites has been expanded, (d) two or more of the previously verified mobile home pad sites have not been combined to make a larger pad site, (e) none of the previously verified mobile home pad sites has been intentionally abandoned, (f) the nonconforming mobile home park is being operated in accordance with the decision rendered as a part of the initial verification and subsequent recertification process, and any subsequent changes have been approved by the Zoning Administrator.

Applicant Signature: _____ Date: _____

State of _____, County of _____

Subscribed and sworn to before me this _____ day of _____, 20_____,
in my County and State aforesaid, by the aforementioned Principal

_____ My commission expires: _____