

NCU] 4
Staff:	
Due Date:	

Application for Recertification of a Continued Nonconforming Use

Fee*: \$

Make checks payable to PWC (*in accordance with current <u>Fee Schedule</u>)

	Name		Title		
Applicant	Company Name (if applicable)				
Information	Mailing Address		City/State	Zip Code	
	Email		Phone		
	Check one: Property Owner Authorized Agent Other:				
Property	Property Address		City/State	Zip Code	
Information	Nonconforming Use (NCU) Case # No	ncon	forming Use Description		

NOTE TO THE APPLICANT: If recertification request is submitted after the recertification due date, additional supporting documents shall be required to confirm that nonconforming use has not been discontinued for a period of two years, or has not been intentionally abandoned. In addition, if the subject use requires the issuance of a business license, please submit a copy of the business license for each year since the last certification date.

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 use is not discontinued for a two (2) year period, [b] the nonconforming use is not intentionally abandoned, [c] the use is being operated in accordance with the decision rendered as a part of the initial verification process, and any subsequent changes have been approved by the Zoning Administrator, and [d] there are no violations from the applicable federal, state, and county laws, codes, ordinances, and regulations, including any county required approval or permit.

Signature			
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day of e aforenamed Principal	, 20,		
——— My commission exp	pires:		
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	day of e aforenamed Principal My commission exp		