

Date Stamp

NCU _____
 Staff: _____
 Due Date: _____

Application for Recertification of a Continued Nonconforming Use

Fee*: \$ _____

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

Applicant Information	Name		Title		
	Company Name (if applicable)				
	Mailing Address		City/State	Zip Code	
	Email		Phone		
	Check one: Property Owner Authorized Agent Other: _____				
Property Information	Property Address		City/State	Zip Code	
	Nonconforming Use (NCU) Case #		Nonconforming 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.

Print Name _____ Signature _____

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: _____
 NOTARY PUBLIC