Application for Nonconforming Determination

PETITIONER

Property Owner Name

Mailing Address

City   State   Zip

Phone

E-mail

PETITIONER REPRESENTATIVE* (IF ANY)

Name

Mailing Address

City   State   Zip

Phone

E-mail

PROPERTY INFORMATION

Property Tax # (000-000-00-000)

Zoning District

Site Address (include building number, street name, city, zip code)

Legal Description (Subdivision Name, Block #, Lot # or Township/Range etc.)

Plat #

REQUIRED ATTACHMENTS

Please provide the following information or attachments applicable to this lot:

Required Information

- ☐ **Fee $135.00 per hour for determination due at time of application**

  NOTE: Residential properties require a minimum of 2 hours, multi-family and commercial properties require a minimum of 4 hours.

- ☐ **As Built Survey – no more than 2 years old**
- ☐ **Property owner's signature on either the application or the letter of authorization for representative.**
- ☐ **Other information may be required**

Optional Additional Information

- ☐ Square footage of each dwelling unit and number of bedrooms
- ☐ Dated receipts specific to property
- ☐ Dated aerial or other site photos
- ☐ Affidavits
- ☐ Types of uses and square footage of each
- ☐ Parking layout including handicap spaces and paving
- ☐ Location of existing landscaping
- ☐ Other applicable information

State the nature of the request and any relevant additional information. Be specific. State use history, including past and present uses of the property, dates of construction, etc. Use additional sheets if necessary.

I hereby certify that (I am) (I have been authorized to act for) the owner of the property described above and to request a nonconforming determination. I understand that payment of the application fee is nonrefundable covers costs associated with the research and processing of this application.

Signature ☐ Owner ☐ Representative   *If representative signs the application, a letter of authorization with property owner's original signature is required.

Date

Print Name

Accepted by:	Applicable Fee:	Administrative Permit #:	Date Application Received:

NCD (Rev. 04/19)