

Permit Fee: \$50.

NON-CONFORMING USE APPLICATION

<p>*OFFICE USE ONLY* PAYMENT INFO AMOUNT: \$ _____ CHECK #: _____ DATE: _____ REC'D BY: _____</p>	<p>BOROUGH OF STROUDSBURG 700 SARAH STREET STROUDSBURG, PA 18360 Phone (570) 421-5444 Fax (570) 421-2690 www.StroudsburgBoro.com</p>	<p><i>Date Stamp</i> <i>(if rec'd w/o payment)</i></p> <p># _____ of Plans Rec'd by: _____</p>
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I. PROPERTY OWNER INFORMATION

Property Owner's Name & Mailing Address: _____

Property Owner's Phone: _____ Mobile Phone: _____

E-mail: _____

II. APPLICANT INFORMATION

Applicant's Name & Mailing Address: _____

Applicant's Phone: _____ Mobile Phone: _____

E-mail: _____

III. PROPERTY INFORMATION

Address of Subject Property: _____

Monroe County Property Tax ID #: 1873 _____

IV. ZONING DISTRICT (Check only ONE box)

<input type="checkbox"/> R-1 (Low-Density Residential)	<input type="checkbox"/> C-1 (General Commercial)	<input type="checkbox"/> MU-A (Mixed Use)
<input type="checkbox"/> R-2 (Medium-Density Residential)	<input type="checkbox"/> C-1A (General Commercial A)	<input type="checkbox"/> MU-B (Mixed Use)
<input type="checkbox"/> R-3 (High-Density Residential)	<input type="checkbox"/> C-2 (Central Business)	<input type="checkbox"/> I-1 (Light Industrial)
<input type="checkbox"/> Other: _____	<input type="checkbox"/> C-3 (Heavy Commercial)	<input type="checkbox"/> O-1 (Open Space)

V. NON-CONFORMING USE / STRUCTURE INFORMATION

Present Use of Property: _____ Building Dimensions: _____

Date use / non-conformity was established: _____

Type of Non-Conformity: Use Dimensional

Describe in detail why you are requesting Non-Conforming Use Certification: _____

Applicant should attach location map, metes and bounds description, site plan and any relevant information to prove continuous use of all non-conforming uses to this application.

By signing below, the Property Owner & Applicant hereby certify that the above information is correct and agree to comply with all applicable regulations of the Borough of Stroudsburg.

Property Owner's Signature: _____ Date: _____

Applicant's Signature: _____ Date: _____

APPROVAL

Zoning Officer's Signature: _____ Date: _____