

Permit Fee: \$50.

# NON-CONFORMING USE APPLICATION

<p><b>*OFFICE USE ONLY*</b>  <b>PAYMENT INFO</b>  <b>AMOUNT:</b> \$ _____  <b>CHECK #:</b> _____  <b>DATE:</b> _____  <b>REC'D BY:</b> _____</p>	<p><b>BOROUGH OF STROUDSBURG</b>  <b>700 SARAH STREET</b>  <b>STROUDSBURG, PA 18360</b>  <b>Phone (570) 421-5444</b>  <b>Fax (570) 421-2690</b>  <b>www.StroudsburgBoro.com</b></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:

