



TOWNSHIP OF FAIRFIELD

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**WILLIAM GALESE
MAYOR**

ZONING DEPARTMENT

APPLICATION FOR CERTIFICATE OF NON-CONFORMING USE

Permit Fee: \$100

1. PROPERTY (ADDRESS) _____ BLOCK: _____ LOT: _____

2. OWNER OF PROPERTY: _____

PHONE #: _____

ADDRESS OF PROPERTY OWNER
(STREET) _____

(CITY, STATE) _____ (ZIP CODE) _____

3. PRIOR ZONING DISTRICT _____

4. NEW ZONING DISTRICT _____ ORDINANCE# _____ ADOPTED _____

5. DESCRIBE IN DETAIL THE SPECIFIC NATURE OF EACH NONCONFORMING USE AND/OR STRUCTURE (ATTACH ANY DOCUMENT OR INFORMATION IN SUPPORT OF THIS CLAIM)

6. DATE USE COMMENCED: _____

7. HAS USE CONTINUED WITHOUT INTERRUPTION? YES ___ NO ___

8. SIGNATURE OF PROPERTY OWNER: _____ DATE: _____

TYPE OR PRINT NAME: _____

NAME AND PHONE NUMBER TO CONTACT WHEN CERTIFICATE IS READY:

NAME: _____ PHONE #: _____
(PLEASE PRINT)

THE COMPLETE APPLICATION MUST BE NOTARIZED

NOTARY'S SIGNATURE: _____ DATE: _____

MY COMMISSION EXPIRES: _____ SEAL