



TOWNSHIP OF FAIRFIELD
230 FAIRFIELD ROAD, FAIRFIELD, NJ 07004
PHONE: 973-882-2700 EXT.2037
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WILLIAM GALESE
MAYOR

ZONING DEPARTMENT

APPLICATION FOR CERTIFICATE ON NON-CONFORMING USE

PLEASE TYPE OR PRINT

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: _____

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

A FEE OF \$15.00 MUST ACCOMPANY THIS APPLICATION