

# Application for Certificate of Non-Conformance

Land and Sea Services, 1837 Heidlersburg Road, Aspers, PA. 17304

PHONE: 717 677-7356

Municipality: \_\_\_\_\_

Non-Conformance Application #: \_\_\_\_\_

**SUBMITTALS:** (check all that are attached to this application)

- Detailed letter by applicant. Describe the condition of Non-Conformity and use of present structure(s).
- Site plan showing all structures and property lines. This must be legible and drawn to scale on 8 1/2"x11" paper.
- Parcel map showing the subject property and all adjoining.
- Warranty deed or evidence of proprietary interest.
- Proper Municipal Fee                      Amount enclosed: \$ \_\_\_\_\_
- Other (define) \_\_\_\_\_

**GENERAL INFORMATION:** (attach additional sheets if necessary)

What is the Nonconforming Use? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

When did this use first begin on the property? \_\_\_\_\_

**SITE INFORMATION:**

Location	Municipality	Total Acres
Subdivision Name (if applicable)	Tax Parcel Number(s)	Deed Book & Page
Site Address	Zoning District	

**Property interest of applicant:**

- Owner    Lessee    Contractor    Other: \_\_\_\_\_

**OWNER**

Owner Name (print) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Cell \_\_\_\_\_

Email \_\_\_\_\_ Fax \_\_\_\_\_

**APPLICANT**

Applicant Name (print) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Cell \_\_\_\_\_

Email \_\_\_\_\_ Fax \_\_\_\_\_

**I certify that I am the owner of record or that I have the authority and knowledge of the owner of record to submit this application. In making the application, the applicant represents all of the above statements and any attached documents & drawings to be a true description of the existing use of the property. The applicant also consents to the entry in or upon the premises described in this application by any authorized official of this municipality for the purpose of inspecting the subject property. I verify that the statements made in this Application are true and correct to the best of my knowledge or information and belief. I understand that false statements herein are made subject to the penalties of 18 Pa. C.S. § 4904, relating to unsworn falsification to authorities.**

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_ Print Name \_\_\_\_\_

*Payment of \$50.00 is due at time of issuance of Certificate of Non Conformance per Straban Twp. Fee Schedule*

