



# Freedom Township

2184 Pumping Station Road ♦Fairfield, PA 17320  
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www.freedomtownship.us

## APPLICATION FOR CERTIFICATE OF NON CONFORMANCE

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

Non-Conformance 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.

**Parcel map showing the subject property and all that adjoin.**

**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 \_\_\_\_\_ Total Acres \_\_\_\_\_

Subdivision Name (if applicable) \_\_\_\_\_ Tax Parcel Number(s) \_\_\_\_\_ Deed Book & Page \_\_\_\_\_

Property Interest of Applicant \_\_\_\_\_ Zoning District \_\_\_\_\_

### **OWNER**

### **APPLICANT**

Same as owner

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

Address \_\_\_\_\_ Address \_\_\_\_\_

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

Phone \_\_\_\_\_ Cell \_\_\_\_\_ Phone \_\_\_\_\_ Cell \_\_\_\_\_

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