

Applicant Certification

I hereby certify that I have the authority to make the foregoing application, that the information given is correct, including any attached plans or drawings. I further permit Town officials or any other governmental agency representatives to enter the property to ensure that the property is being used in compliance with all governmental regulations; local, state and federal and that any proffered conditions have been and continue to be implemented. I further understand that if the use is discontinued or structure is razed or altered there is only a two (2) year time limit to re-establish the use or structure. Failure to re-establish shall result in the loss of the non-conforming status.

_____ **Date**

_____ **Owner, Applicant or Agent Signature**

_____ **Please Print Name**

Do Not Write Below This Line

BUILDING/ZONING/LAND DISTURBING - ROUTING SLIP

1. ZONING

Non-conforming Request: _____

Comments/Conditions/Findings _____

Application Fee \$ _____

Approved - Disapproved: _____
Zoning Administrator

Date