NONCONFORMING USE CERTIFICATE

STAFF USE ONLY
Date Submitted: _____ Received by: _____ Fee paid: _____ Project #_____

REQUIRED SUBMITTALS

Application Fee: $ 150.00

A COMPLETE APPLICATION, as determined by the Planning Department, is required at time of submittal. Application forms can be obtained at https://www.cdaid.org/1105/departments/planning/application-forms

- ☐ **Completed application form and pay fee**
- ☐ **A set of drawings** (as prescribed in the justification section);
- ☐ **Other information as may be required for the Planning Department**

APPLICATION INFORMATION

PROPERTY OWNER:		
MAILING ADDRESS:		
CITY:	**STATE:**	**ZIP:**
PHONE:	**EMAIL:**	

FILING CAPACITY

- ☐ Recorded property owner as to of _____
- ☐ Purchasing (under contract) as of _____
- ☐ The Lessee/Renter as of _____
- ☐ Authorized agent of any of the foregoing, duly authorized in writing. *(Written authorization must be attached)*

SITE INFORMATION:

PROPERTY LOCATION OR ADDRESS OF PROPERTY:
LEGAL DESCRIPTION OF THE PROPERTY:
STREET ADDRESS (IF APPLICABLE):
CURRENT USE OF THE PROPERTY:

REASONS FOR NONCONFORMANCE:
EXISTING CITY ZONING (CHECK ALL THAT APPLY): ***R-1*** ☐ ***R-3*** ☐ ***R-5*** ☐ ***R-8*** ☐ ***R-12*** ☐ ***R-17*** ☐ ***MH-8*** ☐ ***NC*** ☐ ***C-17*** ☐ ***C-17L*** ☐ ***CC*** ☐ ***DC*** ☐ ***LM*** ☐ ***M*** ☐ ***NW*** ☐
PRIOR USES OF THE PROPERTY:
LOT SIZE (ACRES OR SQFT): **SIZE OF NONCONFORMING BUILDING (SQFT):**
DATE NONCONFORMING USE COMMENCED:

CERTIFICATION OF PROPERTY OWNER(S) OF RECORD *:

I have read and consent to the filing of this application as the owner on record of the area being considered in this application.

Name: _____ Telephone No.: _____

Address: _____

Signed by Owner: _____

Notary to complete this section for all owners of record:

CERTIFICATION OF APPLICANT *

I, _____, being duly sworn, attests that he/she is the applicant of this
(insert name of applicant)
request and knows the contents thereof to be true to his/her knowledge.

Signed: _____

Dated this _____ day of _____, 20___.

A.

WHY SHOULD THE NONCONFORMING ACTIVITY/USE BE ALLOWED TO CONTINUE?

B.

HOW WILL THE NON-CONFORMING USE NOT CONSTITUTE A HAZARD TO PUBLIC SAFETY?

C.

ANY OTHER JUSTIFICATIONS THAT YOU FEEL ARE IMPORTANT AND SHOULD BE CONSIDERED BY THE PLANNING DIRECTOR?

CERTIFICATION OF PROPERTY OWNER(S) OF RECORD *:

I have read and consent to the filing of this application as the owner on record of the area being considered in this application.

Name: _____ Telephone No.: _____

Address: _____

Signed by Owner: _____

The Nonconforming Use described herein has been approved by the Planning Department.

Received:_____, 20_____ Planning: _____

(signature)

Notary to complete this section for all owners of record:

CERTIFICATION OF APPLICANT *

I, _____, being duly sworn, attests that he/she is the applicant of this
(insert name of applicant)
request and knows the contents thereof to be true to his/her knowledge.

Signed: _____

Dated this _____ day of _____, 20___.

STATE OF IDAHO)
) :ss
County of Kootenai)

On this _____ day of _____, 20___, before me, a notary public of the State of Idaho, personally appeared _____ and _____ known, or identified to me to be the person(s) whose name(s) is/are subscribed to the within instrument, and acknowledged to me that he/she executed the same.

IN WITNESS THEREOF, I have hereunto set my hand and affixed my notarial seal the day and year in the certificate first above written.

_____

Notary Public for State of Idaho

Residing at: _____

My commission expires: _____

For multiple applicants or owners of record, please submit multiple copies of this page.