



CERTIFICATE OF NON-CONFORMANCE APPLICATION

105 Government Center Way
Pocono Pines, PA 18350
Phone: 570-646-1212
Fax: 570-646-9025
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Property Owner: _____

This is to certify that the (use of land) (use of building) (structure) (sign) located at

Physical Address: _____

Subdivision: _____ Tax Map ID No.: _____

was in existence on the effective date of the Ordinance _____ and does not conform to the regulations of the Zoning Ordinance as detailed below.

1. Zoning District (please circle): RR R1 R2 C CI OS

2. The entity thus described is used for: _____

3. Other details of non-conformity are: _____

The property owner or agent hereby applies for a Certificate of Non-Conformance in order to continue the nonconforming entity.

Signature of Owner of Agent: _____ Date: _____

DO NOT WRITE BELOW THIS LINE—FOR TOWNSHIP USE ONLY

Date Received: _____	Cash/Check No.: _____	Amount Paid: \$ _____
Certificate Issued On: _____	Certificate No.: _____	
Zoning Officer: _____	Date: _____	