



# CHALFONT BOROUGH

40 N. Main Street Chalfont, PA 18914 P: 215-822-7295 F: 215-822-5528 Email: info@chalfontborough.com

## ZONING NONCONFORMITY REGISTRATION FORM

FEE: \$25

Date of Application: \_\_\_\_\_

*Fill out all relevant sections completely. Incomplete applications cannot be processed and will be returned.*

### APPLICATION IS HEREBY MADE TO THE BOROUGH OF CHALFONT FOR A ZONING NONCONFORMITY

Applicant's Name: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Property Owner's Name: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

### BRIEF DESCRIPTION OF REAL ESTATE AFFECTED

Address: \_\_\_\_\_

Tax Parcel Number: \_\_\_\_\_

Zoning District: \_\_\_\_\_

Lot Size: \_\_\_\_\_

Present Use: \_\_\_\_\_

### NONCONFORMITY

Use

Structure

Other

Lot Size

Sign

### BASIS FOR NONCONFORMITY

In existence prior to Zoning Ordinance

Legal use prior to change in zoning

Other gov't action      Other: \_\_\_\_\_

### DESCRIBE THE NONCOMFORMITY

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DATE THE NONCONFORMITY CAME INTO EXISTENCE: \_\_\_\_\_

*(continued on next page)*

**PROOF OF NONCONFORMITY:** i.e., sales receipts, bills, rental leases, licenses, building permits, Certificates of Occupancy, other records, deed, affidavits, dated photographs, etc. (attach copies)

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By signing this form, the applicant is certifying that he/she is empowered by the owner of the property to make an application on his/her behalf. The applicant also gives the Borough of Chalfont permission to access the property for all necessary inspections.

The Owner will comply with Chapter 440, Article XVI of the Code of the Borough of Chalfont. The Borough's Zoning Officer may reject the registration of a proposed nonconformity that does not meet the requirements of the Code Ordinances and/or the laws of the Commonwealth.

Check box below indicating that the following will be submitted with this application:

Site Plan including all existing improvements, their dimensions, and their setbacks

Copies of Proof of Nonconformity

\_\_\_\_\_  
Name of Applicant (Print)

\_\_\_\_\_  
Applicant's Signature and Date

**OFFICIAL USE ONLY**

Nonconforming Use Registration #: \_\_\_\_\_

This certifies that the property described above is located in \_\_\_\_\_ Zoning District.

BCTMP #: \_\_\_\_\_

APPROVAL date: \_\_\_\_\_

DENIAL date: \_\_\_\_\_

Approved By: \_\_\_\_\_  
*(print name)*

Signature: \_\_\_\_\_

Reason for denial (if applicable):

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