

# HAZLE TOWNSHIP SUPERVISORS

P.O. BOX 506

HARLEIGH, PA 18225-0506

ZONING 570 455-2030

SUPERVISORS 570 455-2039

CODE ENFORCEMENT 570 455-2030

FAX 570 453-2402

FAX 570 455-6184

FAX 570 453-2402

Delivery Address: 101 W. 27<sup>th</sup> St., Hazleton, PA 18202



## CERTIFICATE OF NONCONFORMANCE *PRE-EXISTING*

FEE: \$50.00

Any person interested in any land upon which a Nonconforming use, structure or lot exists either prior to or granted since the passage of Zoning Ordinance 2003-1-6-1, may apply for a Certificate of Nonconformance - Existing to certify that said land, lot, use and/or structure existed prior to the date of application.

DATE: \_\_\_\_\_ TYPE: \_\_\_\_\_ Use \_\_\_\_\_ Structure \_\_\_\_\_ Lot

LUZERNE CO. PIN#: \_\_\_\_\_ ZONING DISTRICT: \_\_\_\_\_

APPLICANT NAME: \_\_\_\_\_

APPLICANT ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

TELEPHONE: (H) \_\_\_\_\_ (O) \_\_\_\_\_ (FAX) \_\_\_\_\_

PROPERTY ADDRESS: \_\_\_\_\_

(If Different)

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

OWNERS NAME: \_\_\_\_\_

(If Different)

OWNERS ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

APPLICANT'S INTEREST IN PROPERTY IF NOT OWNER:

\_\_\_\_\_ Renter \_\_\_\_\_ Lease \_\_\_\_\_ Business \_\_\_\_\_ Other: \_\_\_\_\_



Provide a responsible reason for the request for the certification of the nonconforming use, structure or lot including the nature and intensity of the nonconformance. Use additional sheet if necessary. \_\_\_\_\_

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SIGNATURE:

OWNER: \_\_\_\_\_ APPLICANTS : \_\_\_\_\_

(OFFICIAL USE ONLY)

DATE: \_\_\_\_\_ CERTIFICATE #: CNR - \_\_\_\_\_

FEE PAID: Check# \_\_\_\_\_ Cash \_\_\_\_\_

Nonconformance per:

Section(s): \_\_\_\_\_

\_\_\_\_ Approved      \_\_\_\_ Disapproved

By: \_\_\_\_\_

Township Official

REASON FOR DISAPPROVAL:

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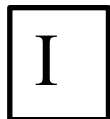
CODE ENFORCEMENT 570 455-2030

FAX 570 453-2402

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## CERTIFICATE OF NONCONFORMANCE *INTENTION*

FEE: \$50.00

Any land, use or structure, which is Nonconforming and said Nonconformance is to be discontinued for a period of two (2) or more years and which the owner or operator of the said nonconformance wishes to maintain a legal Nonconforming status must register and obtain a Certificate of Nonconformance (INTENTION) per Section 909 of Zoning Ordinance 2003-1-6-1.

DATE: \_\_\_\_\_ TYPE: \_\_\_\_\_ Use \_\_\_\_\_ Structure \_\_\_\_\_ Lot \_\_\_\_\_

LUZERNE CO. PIN#: \_\_\_\_\_ ZONING DISTRICT: \_\_\_\_\_

APPLICANT NAME: \_\_\_\_\_

APPLICANT ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

TELEPHONE: (H) \_\_\_\_\_ (O) \_\_\_\_\_ (FAX) \_\_\_\_\_

PROPERTY ADDRESS: \_\_\_\_\_

(If Different)

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

OWNERS NAME: \_\_\_\_\_

(If Different)

OWNERS ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

APPLICANT'S INTEREST IN PROPERTY IF NOT OWNER:

\_\_\_\_\_ Renter \_\_\_\_\_ Lease \_\_\_\_\_ Business \_\_\_\_\_ Other: \_\_\_\_\_



Provide a detailed description of the nonconforming use, structure or lot including the nature and intensity of the nonconformance. Use additional sheet if necessary.

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Statement as to why the continuation is requested: \_\_\_\_\_  
\_\_\_\_\_

SIGNATURE:  
OWNER: \_\_\_\_\_ APPLICANTS : \_\_\_\_\_

(OFFICIAL USE ONLY)

DATE: \_\_\_\_\_ CERTIFICATE #: CNI- \_\_\_\_\_

FEE PAID: Check# \_\_\_\_\_ Cash \_\_\_\_\_

Nonconformance per:  
Section(s): \_\_\_\_\_

\_\_\_\_ Approved      \_\_\_\_ Disapproved

By: \_\_\_\_\_  
Township Official

REASON FOR DISAPPROVAL:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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## CERTIFICATE OF NONCONFORMANCE *REGISTRATION*

FEE: \$50.00

Any land, use or structure, which by decision of the Zoning Board becomes Nonconforming or increases the present Nonconformance by decision of the Zoning Board or Order of the Courts must register and obtain a Certificate of Nonconformance per Section 904 of Zoning Ordinance 2003-1-6-1.

DATE: \_\_\_\_\_ TYPE: \_\_\_\_\_ Use \_\_\_\_\_ Structure \_\_\_\_\_ Lot

LUZERNE CO. PIN#: \_\_\_\_\_ ZONING DISTRICT: \_\_\_\_\_

APPLICANT NAME: \_\_\_\_\_

APPLICANT ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

TELEPHONE: (H) \_\_\_\_\_ (O) \_\_\_\_\_ (FAX) \_\_\_\_\_

PROPERTY ADDRESS: \_\_\_\_\_

(If Different)

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

OWNERS NAME: \_\_\_\_\_

(If Different)

OWNERS ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

APPLICANT'S INTEREST IN PROPERTY IF NOT OWNER:

\_\_\_\_\_ Renter \_\_\_\_\_ Lease \_\_\_\_\_ Business \_\_\_\_\_ Other: \_\_\_\_\_



Provide a detailed description of the nonconforming use, structure or lot including the nature and intensity of the nonconformance. Use additional sheet if necessary.

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SIGNATURE:

OWNER: \_\_\_\_\_ APPLICANTS: \_\_\_\_\_

(OFFICIAL USE ONLY)

DATE: \_\_\_\_\_

CERTIFICATE #: CNR - \_\_\_\_\_

FEE PAID: Check# \_\_\_\_\_ Cash \_\_\_\_\_

Nonconformance per:

Section(s): \_\_\_\_\_

\_\_\_\_ Approved      \_\_\_\_ Disapproved

By: \_\_\_\_\_

Township Official

REASON FOR DISAPPROVAL:

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