

## Application for Recertification Of Continued Nonconforming Mobile Home Park

Date	
Stamp	

NCU
Staff:
Due Date:

**Fee\*:** \$ \_\_\_\_\_ Make checks payable to PWC (\*in accordance with current Fee Schedule)

	,		,			
	Name		Business Title			
Applicant Information	Company Name (if applicable)					
Property Owner	Mailing Address		City/State		Zip Code	
Authorized Agent of						
Property Owner	Email		Phone			
	Address		City/State		Zip Code	
Property						
Information	GPIN (Grid Parcel Identification Number)	Number of Double-wide mobile home pad sites:				
11110111111101011		Number of Single-wide mobile home pad sites:				
NOTE: County recertification only certifies continuation of the nonconforming mobile home park use.						

NOTE: County recertification only certifies continuation of the nonconforming mobile home park use. Recertification does not constitute approval for any other uses, buildings or structures. It is the responsibility of the property owner to ensure that all current and future uses, structures, approvals, etc. on the subject property comply with all applicable federal, state, and County laws, ordinances, codes, regulations, and requirements.

I hereby certify that the information provided in this application is accurate, true and correct to the best of my knowledge and belief. I further certify that (a) the nonconforming mobile home park is not discontinued for a two (2) year period since the last recertification request date, (b) the nonconforming mobile home park is not intentionally abandoned, (c) none of the previously verified mobile home pad sites has been expanded, (d) two or more of the previously verified mobile home pad sites have not been combined to make a larger pad site, (e) none of the previously verified mobile home pad sites has been intentionally abandoned, (f) the nonconforming mobile home park is being operated in accordance with the decision rendered as a part of the initial verification and subsequent recertification process, and any subsequent changes have been approved by the Zoning Administrator.

Applicant Signature:		Date:
State of	_, County of	
Subscribed and sworn to before me th	nis day of	, 20,
in my County and State aforesaid, by t	the aforenamed Principal	
	My commission expires:	: