



100 W. Atlantic Blvd Pompano Beach, FL 33060

Nonconforming Certificate Application

Phone: 954.786.4634 Fax: 954.786.4666

155.2433. NONCONFORMING CERTIFICATE

(Below is a summary of Section 155.2433. For the complete language, please refer to the Zoning Code)

REVIEW STANDARDS

A Nonconforming Certificate for a nonconforming use shall be approved only on a finding that the use has not ceased to operate or discontinued for a period of six consecutive months or longer, or for 18 months during any three-year period.

A Nonconforming Certificate for a nonconforming structure shall be approved only on a finding that the structure was constructed and or developed in accordance with an approved development order or plan on file with the City.

PROCEDURE

1. Pre-Application conference with Principal Planner.
Applicant must make an appointment with Principal Planner to submit application at least 48 hours (2 business days) prior to application submittal by calling (954) 545-7780.
2. Final Decision by the Development Service Director.

APPLICATION CHECKLIST

The following copies shall be submitted to the Principal Planner.			
<ul style="list-style-type: none"> • One (1) Original Copy • One (1) Digital Copy in PDF, unless indicated otherwise 			
<input type="checkbox"/>	Application Fee as established by resolution of the City Commission		
<input type="checkbox"/>	Completed application with original signatures.		
<input type="checkbox"/>	Proof of ownership (owner's certificate form must be completed by owner).		
<input type="checkbox"/>	Any evidence to support request including:	Local business tax receipts covering each year since the use became nonconforming	An approved Development Order
		Business records such as sales receipts, invoices, tax receipts, ledger books, Internal Revenue Service filing forms, or other proof of continuous use	A previously approved Nonconforming Certificate
		Affidavits from the owner and neighboring property owners who have knowledge of the existence of the use	A survey at the time of structure was constructed or developed;
		Proof of ownership or tenancy (deed or lease). A contract to purchase shall be acceptable in lieu of a deed	A recent survey
		Utility receipts and/or record	An approved site plan, landscape plan, or permit plan
<input type="checkbox"/>	Current survey. <i>Surveys to be recent and must show all improvements on the property</i>		



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 Department of Development Services
 Planning & Zoning Division

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STREET ADDRESS		Zoning District
Subdivision	Block	Lot
Representative or Agent's interest in property (Owner, Lessee, Etc)		
Has any previous application(s) been filed? If yes provide date	Yes _____ No _____	
Reason for seeking this application		

Landowner (Owner of Record)	Owner's Representative or Agent
Business Name (if applicable)	Print Name and Title
Print Name and Title	Phone Number
Signature	Email
Date	<p>_____ APPROVED</p> <p>_____ DENIED</p>
Street Address	<p>As per attached Zoning Letter No.</p> <p>_____</p>
Mailing Address City/ State/ Zip	
Phone Number	<p>Received, Acknowledged and Certified, by:</p> <p>_____</p>
Email	<p>Robin M. Bird, Development Services Director</p> <p>_____</p>
Indicate your preferred medium to receive agendas and notifications: _____ Mail _____ E-Mail	<p>_____</p> <p>Date</p>



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OWNERS CERTIFICATE

This is to certify that I am the owner of the subject lands described in this application and that I have authorized the filing of the aforesaid application. I further certify that this request is not related to any existing violation of the zoning code.

Note: If this request is related to an existing zoning violation, please submit documentation as to the Special Master's disposition of the matter.

Owner's Name: _____

(Print or Type)

Address: _____

_____ (Zip Code)

Phone: _____

Email address: _____

(Signature of Owner or Authorized Official)

SWORN AND SUBSCRIBED before me this ____ day of _____, _____.

NOTARY PUBLIC, STATE OF FLORIDA

(Name of Notary Public: Print, stamp, or Type as Commissioned.)

[] Personally know to me, or

[] Produced identification: _____

(Type of Identification Produced)