



TOWN OF CROSS ROADS

DECLARATION OF NON-CONFORMING USE

Please submit supporting information including pictures, leases, permit applications, certificate of occupancies, etc. documenting all structures, uses and buildings to the degree that is necessary to document for future use.

SECTION A:

Applicant Information:	Name:			
	Mailing Address:			
	City/State/Zip:			
	Primary Phone:			
	Email:			
Property Information:	Legal Description:			
	Site Address:			
	Property ID:		Acreage:	
Septic Information:	How many systems are on the property?		What type of system(s)?	
	Please include the following with your application:	1. Copy of septic design 2. Copy of current maintenance contract or name of maintenance company *Required for all aerobic or drip irrigation systems.		

SECTION B:

CURRENT USES AND STRUCTURES ON THE PROPERTY:

Please explain any "Yes" answers.

Y	N	Is there any of the following on the property?	
		A commercial building?	If yes, please complete Section C .
		A commercial business?	If yes, please complete Section C .
		A commercial stable?	If yes, how many stalls? How many horses are currently being boarded? If yes, please complete Section C .

Y	N	Is there any of the following on the property?	
		A single-family dwelling?	If yes, how many? Approximate Sq. Footage:
		A multi-family dwelling?	If yes, how many? Approximate Sq. Footage:
		An accessory dwelling (i.e., caretaker's quarters)?	If yes, how many? Approximate Sq. Footage:
		A barn?	If yes, how many? Approximate Sq. Footage:
		A shop?	If yes, how many? Approximate Sq. Footage:
		An accessory building not listed above?	If yes, what type of building? Approximate Sq. Footage:
		Signs?	If yes, please submit a picture of each sign with dimensions.
		Fences in excess of six feet tall?	If yes, please specify height and location:
		A home occupation (meaning the homeowner is the only employee)?	If yes, what type of occupation?
		Outside storage of equipment or vehicles (other than for the property owner's personal use)?	If yes, please describe:
Comments: Please use an additional page if necessary.			

"Uses" continued on next page.

SECTION C:
COMMERCIAL USES:

Note: If building contains more than one tenant or lease space complete Section C for each tenant and/or lease space.

Name of Business:					
Mailing Address:					
City/State/Zip:					
Business Phone:					
Email:					
Business Type:					
# of Employees:		# of Parking Spaces:		Sales Tax ID#:	
Do you collect sales tax?	*Please note, Cross Roads sales tax rate is 8.25%*				
Is your business involved with any of the following activities?					
Y	N		Y	N	
		Food Products?			Food and/or Beverage Processing?
		On-site Consumption of Alcoholic Beverages?			Heating/Cooking Food?
		Flammable/Combustible Materials?			Dry Cleaning?
		Poisonous/Hazardous Chemicals or Acids?			LP Gas?
		Compressed Gas?			Fumigation?
		Cellulose Nitrates Film?			Fireworks?
		Bales or Loose Combustible Fibers?			Magnesium?
		Explosives/Ammunition?			Garage or Vehicle Repair?
		Woodworking?			Paint?
		Flammable Material?			Reclaiming of Waste Materials?
Comments:					

I hereby apply for registration of a non-conforming use as requested on this application and certify that the submitted information and attachments are true and accurate. All of the statements and representations contained in the attached documents filed in support of this application shall be deemed a permanent part of the application for all purposes.

Signature

Date

OFFICE USE ONLY:

Date Received:	iWorQ #:
Reviewed By:	No. of Exhibits Attached:
Staff Comments:	