

**CITY OF MACOMB**  
**Office of Community Development**

**NON-CONFORMITY REGISTRATION**

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(Application for non-conformity registration shall contain sufficient information to enable proper review.)

Non-Conforming  
Property Address: \_\_\_\_\_ Property ID: \_\_\_\_\_

Property Owner: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Existing Non-Conformity Status: \_\_\_\_\_

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

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(Office Use Only)

Non-Conforming Use/Structure: \_\_\_\_\_

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

Community Development Coordinator: \_\_\_\_\_

Date of approval: \_\_\_\_\_