



## REQUEST FOR NON-CONFORMING USE RECOGNITION

### APPLICANT INFORMATION:

Applicant Name:

Applicant Address:

Phone Number:

Email Address:

### PROPERTY INFORMATION:

Property Address:

Parcel Identification Number (PIN):

Current Zoning District:

Property Owner (if different):

Owner's Address:

### DESCRIPTION OF THE NON-CONFORMING USE:

**1. Nature of the Non-Conforming Use:**

Provide a detailed description of the current use of the property that does not conform to current zoning regulations.

**2. Date the Non-Conforming Use Began:**

Date: \_\_\_\_\_

Attach any supporting documents that may help establish this date, such as permits, affidavits, or utility records.)

**3. Zoning Ordinance Provisions from Which the Use**

**Deviates:**

List of specific zoning ordinance provisions or requirements the use does not conform to.

**4. History of the Property's Use:**

Describe the previous uses of the property and any changes that occurred.

**REASONS FOR REQUEST:**

**Explanation of Why the Non-Conforming Use Should Be Recognized or Allowed to Continue:**  
Provide an explanation or justification

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**Impact on Surrounding Properties:**  
Describe any potential impact on neighboring properties and how this will be addressed.

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**SUPPORTING DOCUMENTATION:**

- 1. **Site Plan or Survey:** Showing the property boundaries, buildings, and the location of the non-conforming use.
- 2. **Photos or Visuals:** Depicting the current use of the property.
- 3. **Affidavits or Testimonies:** From individuals with knowledge of the property's history.
- 4. **Additional Documentation:**  
Describe any additional documentation. \_\_\_\_\_

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**Acknowledgment:**

I, the undersigned applicant, hereby certify that the information provided in this application is true and accurate to the best of my knowledge. I understand that submitting this request does not guarantee approval, and the decision will be based on the applicable zoning ordinances and regulations.

**Applicant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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**Submit the completed form and supporting documents to:**

Office of Community Development  
232 E Jackson St  
Macomb IL 61455  
zoning@cityofmacomb.com

**For Municipal Use Only:**

**Date Received:** \_\_\_\_\_ ☐ Approved ☐ Denied  
**Reviewed by:** \_\_\_\_\_ ☐ Approved with conditions

**Conditions:** \_\_\_\_\_  
\_\_\_\_\_

**Date of Decision:** \_\_\_\_\_