ZONING BOARD OF ADJUSTMENT BOROUGH OF POINT PLEASANT

"CERTIFICATE OF CONTINUANCE" FOR AN ALLEDGED PRE-EXISTING NONCONFORMING USE

Application No	Submission Date:		
Application Fee:			
APPLICANT:			
Name:			
Address:			
City:	State: _		Zip Code:
Telephone No.:		Cell:	
OWNER:			
Name:			
Address:			
City:	State:		Zip Code:
Telephone No.:		Cell:	
Property Location:			
Block:	Lot:		
Street Address:			
Description of Use Reque			
Date of Zone Change:			
D 47		Previous 7 6	one:
		I I C TIOUS EN	

Vs.	Previous Zone Requirements:			
_	(When non-conformin	ng came into effect)		
				
				
 				
tructed As:_	Single Family	Multi- Family _	Other	
ically noted:	:			
Request:				
Request for				
	ith Date and tructed As:_ued and Date ically noted:	(When non-conforming the conforming	(When non-conforming came into effect) (Interpolation of Original	