



City of Traverse City
APPLICATION FOR NON-CONFORMING USE CERTIFICATE

Date: _____

Owner's Name: _____ Phone: _____

Owner's Address: _____

Address of Non-Conforming Use: _____

Existing zoning classification of site: _____

Required zoning classification of site: _____

Date use was established: _____

Type of Non-Conforming Use: _____

Describe the Non-Conforming Use in detail: _____

Owner's Signature: _____ Date: _____

Approval: _____ Date: _____

Comments: _____

**Note: See page 2 for required supporting data.*

Required Supporting Data

Your request cannot be considered until the following items are completed and submitted to the Planning Department for review:

1. Site Plan Requirements
 - a. Title box shall contain the following information:
 - Name of firm responsible for work
 - Scale of drawing
 - North arrow
 - Date
 - b. Indicate and name adjacent streets
 - c. Show centerline and right-of-way of adjacent streets and alleys
 - d. Show dimension of each lot line
 - e. Show and dimension all setbacks and proposed buildings
 - f. Show and dimension each existing easement
 - g. Indicate zoning classification of all adjacent property
 - h. Show parking spaces and size of space in proposed layout of the parking lot
 - i. Show driveway ingress and egress
2. Building Floor Plan Requirements
 - a. Floor plans shall be prepared by a qualified individual or firm
 - b. A floor plan shall be provided for each floor and basement of a structure
 - c. Floor plans shall label and indicate dimension of each individual room for use
 - d. Indicate total floor area of each dwelling unit or use
 - e. Indicate building access and egress points