



**CITY OF WINSTON-SALEM  
INSPECTIONS DIVISION**



Bryce A. Stuart Municipal Building  
Suite 328  
100 E. First Street  
Winston-Salem, NC 27101  
P.O. Box 2511  
Winston-Salem, NC 27102-2511  
Phone: 311 or (336) 727-8000  
Fax: (336) 727-2792

**AFFIDAVIT**

I, the undersigned, being first duly sworn, depose and say that:

I am familiar with \_\_\_\_\_ at  
(Non-Conforming Use)

\_\_\_\_\_  
(Address)

and I have personal knowledge that this activity existed at this location as of:

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ and in the case of a building or portion thereof, there has  
(Month) (Day) (Year)

not been a discontinuance of the non-conforming use for a period of three hundred-sixty five (365) or greater days.

Further facts, if any, I have in reference to this non-conforming use are attached and become a part of this sworn affidavit.

This \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_.

Name \_\_\_\_\_ Address \_\_\_\_\_  
(Signature) (Printed or Typed)

Sworn to and Subscribed before me

This \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_.

\_\_\_\_\_  
(Signature Notary Public)

My Commission Expires: \_\_\_\_\_  
(Date)