Zoning District: _____
Date: _____

TEMPORARY USE PERMIT

NOTE: No fees are required at this time. The Zoning Officer may waive any of the requirements, and may require additional information as necessary for proper consideration of this request.

- ✓ Two copies of a scaled drawing which shows the shape and dimension of the lot to be used, the structures and rights-of-way on the lot. The drawing must also show the location of existing or proposed parking and screening required for the use and required setback lines.
- ✓ Other_____

Please PRINT the following information clearly:

_____ _____ _____

STREET # ADDRESS SUBDIVISION LOT #

Proposed Use of the Property/Business Description: _____

Dates of Event or Use:_____

Type of Business: _____Business Name:_____

Business Address: _____

Applicant's Name: _____Telephone: _____

Applicant's Address: _____Fax #: _____

Tax Map Parcel Number: _____-_____-_____

I hereby certify that the information provided hereon is, to the best of my knowledge, correct and complete. I understand that providing false or incomplete information or violating an approved zoning permit may be grounds for revocation of the permit and any associated building permit.

_____ _____

Applicant's Name Date

****DO NOT WRITE BELOW THIS LINE****

Based upon the information provided with this application, the work as proposed meets the requirements of the zoning ordinance and other land use regulations in effect in the city's jurisdiction. Applicable setbacks and a general description of use limitations are attached.

Additional remarks:

_____

_____

_____ _____

Engineering Director Date