



Temporary Use Permit Application

OFFICIAL USE ONLY:	
UDO Number: _____	Zoning Dist.: _____
Date Filed: _____	Flood Zone: _____
Received By: _____	Watershed (Y/N): _____
Application Fee: _____	Taxes Pd(Y/N): _____
Check Number: _____	LLC current: _____

Contact Information

PROPERTY OWNER
 APPLICANT
 AGENT FOR APPLICANT

Name: _____ Name: _____
 Address: _____ Address: _____
 Telephone: _____ Telephone: _____
 Email: _____ Email: _____
 LEGAL RELATIONSHIP OF APPLICANT TO PROPERTY OWNER: _____
 DOCUMENTATION OF PROPERTY OWNER GIVING CONSENT TO APPLICANT (Y/N/NA): _____

Project/Property Information

Physical Street Address: _____
 Parcel ID Number(s): _____
 Associated Projects or Permits: _____
 Existing Land Use of Property: _____ Electrical Needed (Yes, No): _____
 Water Needed (Yes, No): _____ Sewer Connection Needed (Yes, No): _____
 (Temporary uses or structures in a special flood hazard area shall not remain on site for more than 30 days)

Please check the applicable use below: us

USE STRUCTURE SPECIAL EVENT SIGN

Provide detailed description of proposed temporary use or special event, and provide timeframe of Temporary Use (if special event provide dates & hours).

I, the undersigned, do certify that all of the information presented in this application is accurate to the best of my knowledge, information, and belief. Further, I hereby authorize county officials to enter my property during reasonable business hours for purposes of determining zoning compliance. All information submitted and required as part of this application process shall become public record.

_____ Date
 Property Owner(s)/Applicant*

***Note: Forms must be signed by the owner(s) of record, contract purchaser(s), or other person(s) having a recognized property interest. If there are multiple property owners/applicants, a signature is required for each.**

10/16/2020