



# Temporary Use Permit Application

**OFFICIAL USE ONLY:**

UDO Number: \_\_\_\_\_

Date Filed: \_\_\_\_\_

Amount Paid: \_\_\_\_\_

Received By: \_\_\_\_\_

**Contact Information**

APPLICANT	PROPERTY OWNER
Name: _____	Name: _____
Address: _____ _____	Address: _____ _____
Telephone: _____	Telephone: _____
Fax: _____	Fax: _____
Email: _____	Email: _____
LEGAL RELATIONSHIP OF APPLICANT TO PROPERTY OWNER: _____	

**Property Information**

Physical Street Address \_\_\_\_\_

Parcel ID Number(s): \_\_\_\_\_

Existing Land Use of Property \_\_\_\_\_

(Temporary uses or structures in a special flood hazard area shall not remain on site for more than three months)

**Please check the applicable use below:**

- |                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                          |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Construction Related Activities for New Construction (offices, storage, parking, etc)<br><input type="checkbox"/> Expansion or Replacement of Existing Facilities (offices, residences, etc.)<br><input type="checkbox"/> Garage or Yard Sales<br><input type="checkbox"/> Outdoor Seasonal Sales | <input type="checkbox"/> Real Estate Sales Office / Model Sales Home<br><input type="checkbox"/> Temporary Campground<br><input type="checkbox"/> Temporary Keeping of Livestock<br><input type="checkbox"/> Portable Shipping & Storage Containers<br><input type="checkbox"/> Temporary Tent<br><input type="checkbox"/> Special Event |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

**Temporary Use Information:**

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

\_\_\_\_\_  
Property Owner(s) / Applicant

\_\_\_\_\_  
Date

**\*Note: Form 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, all must sign.**

*Provide detailed description of proposed temporary use or special event:*

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*Provide timeframe of Temporary Use (if special event provide dates & hours)*

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