



Application for Temporary Use Permit

Date _____

APPLICANT NAME: _____ COMPANY NAME _____

APPLICANT ADDRESS: _____

CITY: _____ STATE _____ ZIP _____ PHONE NUMBER OF APPLICANT: _____

OWNER OF PROPERTY _____

OWNER ADDRESS: _____ CITY _____ STATE _____ ZIP _____

NAME OF BUSINESS _____

PROJECT ADDRESS: _____

CITY, STATE ZIP: _____

DESCRIPTION OF TEMPORARY USE: _____

DATE USE TO BEGIN: _____ DATE USE TO END _____

Note: The property must be zoned commercial, and the applicant must provide a letter from the property owner stating that they are permitting the applicant to use the subject property.

NON-REFUNDABLE APPLICATION FEES

TEMPORARY USE PERMIT: \$ 105.00

TEMPORARY CONSTRUCTION OR SALES TRAILER: \$105.00

SIGNATURE OF APPLICANT: _____