

Temporary Use Permit Application

Revised 11.07.2023

1. PROPERTY OWNER / APPLICANT INFORMATION			
Name:			
Mailing Address:	City:	State:	Zip:
Email Address:	Phone:		
Are you the owner of the property? <input type="checkbox"/> Yes <input type="checkbox"/> No	If you are <u>not the owner</u> of the subject property, what is your relationship to it (e.g., have it under contract to purchase, tenant, contractor, real estate agent):		
The property owner will check one of the following:	<input type="checkbox"/> I will represent the application myself; <input type="checkbox"/> I hereby designate _____ (name of project representative) to act in the capacity as my agent for submittal, processing, representation, and/or presentation of this request. The designated agent shall be the principal contact person for responding to all requests for information and for resolving all issues of concern relative to this request.		
2. PROPERTY OWNER'S REPRESENTATIVE			
<i>(This person will be the primary contact and is the authorized agent in place of the property owner)</i>			
Representative's Name:			
Representative's Address:	City:	State:	Zip:
Email:	Phone:		
3. TEMPORARY USE TYPE			
Please select the proposed temporary use:	<input type="checkbox"/> Batch Plant/Rock Crushing Facility (Temporary) <input type="checkbox"/> Borrow Pit <input type="checkbox"/> Farmer's Market <input type="checkbox"/> Temporary Subdivision Sales Office/Model Home <input type="checkbox"/> Temporary Non-Seasonal Sales <input type="checkbox"/> Temporary Outdoor Event <input type="checkbox"/> Other: _____	<input type="checkbox"/> Temporary Seasonal Sales <input type="checkbox"/> Christmas Lighting/Décor Sales <input type="checkbox"/> Christmas Tree or Pumpkin Patch Sales <input type="checkbox"/> Crawfish Sales <input type="checkbox"/> Firework Sales <input type="checkbox"/> Live Plant Sales <input type="checkbox"/> Roadside Produce Sales <input type="checkbox"/> Portable Beverage Service Facility <input type="checkbox"/> Garage/Yard/Estate Sales <input type="checkbox"/> Other: _____	
Provide a brief description of the proposed temporary activity, attach additional sheets as necessary:			
4. PROPERTY INFORMATION			
Name of Proposed Project (if applicable):	Associated Case(s):		
Subject Property Address:			
Geog. Number or Property I.D.:			
Current Zoning Classification(s):	Total Site Acreage:		

5. EXISTING USE OF PROPERTY			
<input type="checkbox"/> Multi-Family Residential	<input type="checkbox"/> Mixed-Use	<input type="checkbox"/> Commercial	<input type="checkbox"/> Industrial
6. TEMPORARY STRUCTURE INFORMATION			
Are any temporary buildings or tents Proposed? <input type="checkbox"/> Tent <input type="checkbox"/> Trailer <input type="checkbox"/> Metal Building <input type="checkbox"/> Other: _____			
Proposed structure(s) sq. ft. gross:		Proposed height of structure(s):	
7. SIGNAGE			
Will there be any proposed signage with the temporary use? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, a sign permit will be required.			
8. PARKING INFORMATION			
Existing Parking Spaces:	Proposed Parking Spaces:	Number of Handicap Spaces:	Total Spaces:
9. HOURS-OF-OPERATION			
Proposed date Temporary Use will start operations:		Proposed date Temporary Use will stop operations:	
Proposed Hours-of-Operations, Start:		Proposed Hours-of-Operations, Finish:	
Proposed date that Temporary Use will be set up:			
10. OWNER / REPRESENTATIVE STATEMENT			
If property owner designates a representative as the coordinator for the project, this person (the applicant) shall attend all necessary meetings and public hearings, will receive the agenda, recommendations, and case reports, and will communicate all case information to other parties as required. All contact for this project will be made through the applicant listed below.			
NAME, ADDRESS, AND SIGNATURE OF ALL PROPERTY OWNERS: ALL property owners must sign. All property owners must sign unless one person has the power of attorney to sign for others and that power of attorney is submitted with the application. A managing partner in a corporation may sign and submit written authorization. If in business name or corporation, list all persons owning 6% or more. Attach separate sheet if necessary.			
ACCURACY DECLARATION:			
My signature attests to the fact that the attached application is complete and accurate to the best of my knowledge. I understand that the staff review of this application is dependent upon the accuracy of the information provided and that any inaccurate or inadequate information provided may delay review of my application or may result in denial of my request.			
Property owner's/representative's signature:			Date:
Applicant's signature:			Date: