Temporary Use Permit Application

APPLICATION

A Temporary Use Permit Application is subject to the restrictions set out in section 8 of the Zoning Ordinance.

Applicant: _____ **Phone Number:** _____

Applicant Address: _____

Property Owner: _____ **Phone Number:** _____

Property Physical Address: _____

Property Legal Address: _____

Detailed description of intended use of property: _____

_____

Projected amount of additional traffic generated in and around property, types of vehicles anticipated that will be visiting the property, likely changes in traffic patterns, and possible impact such changes in traffic will have on properties within 200' of subject property for commercial use:

_____

_____

If for commercial use, does the proposed use require state or federal license or permit to operate? If so, what type of license or permit is required?:

_____

_____

If for commercial use, describe the availability and location of off-street parking:

_____

_____

Petitioner Signature: _____ **Date:** _____

Owner Signature (If different): _____ **Date:** _____

**** Application will not be scheduled for hearing until reviewed by the Director of Public Works. ****

FOR OFFICE USE ONLY		
APPLICATION RECEIVED BY:	DATE RECEIVED:	
CURRENT ZONING:	CHECKED BY:	
FLOOD PLAIN: [ ] 100 Year [ ] 500 Year [ ] None	CHECKED BY:	
WASTEWATER SOURCE WITHIN 200'? [ ] Yes [ ] No	LINE SIZE:	
LOCATION OF WATERLINE:		
ORDINANCE REQUIREMENTS:		
DATE OF REQUIRED PROJECT COMPLETION BY PETITIONER:		
[ ] APPROVED [ ] DENIED	BY:	DATE: