

1. Property Owner:	Applicant:
Name:	
Street Address/PO Box:	
City/State/Zip:	
Phone Number:	
Email Address:	Email Address:
2. Location Information:	
Address of Property:	Subdivision:
Zoning Classification:	
3. Use of Property: Existing Use of Building and/or Land	
Proposed Temporary Use of Building and/or Land	
4. Dates/Times: Date that proposed activity will run:/ to/ (45 consecutive day limit) Days/Hours of Operation: □ Mondaysam/pm toam/pm □ Tuesdaysam/pm toam/pm	
□ Wednesdaysam/pm toam/pm □ Thursday.	sam/pm toam/pm □ <i>Fridays</i> am/pm toam/pm
□ Saturdaysam/pm toam/pm □ Sundays	_am/pm toam/pm
5. Supplemental Information: Please supply evidence that the applicant owns the site for applicant's use of the site is authorized by the owner of the	or which the permit is requested, or alternatively, evidence that the ne property.
Number of persons expected to visit or attend the propos	ed temporary use: (per day)
Planned areas for parking for those working at and those layout and circulation plan: (show complete details on se	visiting or attending the proposed temporary land use as well as the site cond page Site Plan)
I certify that the information contained on this forn information listed above has been provided.	n is complete and accurate and the required supplemental
Signature of Applicant:	Date:
Print Name:	
	Office Use Only
Date Received: Fee: \$ 150.00	
	Administrator Yes No Date:
Application #:	Ruilding Inspector Ves No Date:

SITE PLAN: Please show the site layout and circulation plan illustrating the planned parking areas, pedestrian and motorist circulation patterns and routes and including distances between stationary objects such as tables, displays, or exhibits; and sanitation, electrical and water needs (if applicable).