



APPLICATION # _____

TEMPORARY USE PERMIT CERTIFICATION

____ Banner ☐ ____ Sign ☐ ____ Tent ☐ ____ Structure ☐

The applicant assures that:

1. *The Temporary Use will be removed on or before the date of expiration which shall be _____ (date)*
2. *That the Temporary Use shall conform to all setbacks and requirements for placement of structures. **CANNOT BE PLACED IN THE SIGHT TRIANGLE. CANNOT BLOCK VISION AT DRIVEWAY ENTRANCE-MUST BE LOCATED ON OWNERS PROPERTY***

3. *The Temporary Use shall be placed on this specific location: _____*

Applicant Name: _____

Organization: _____

Phone# _____

Address of proposed temporary use: _____

Applicant Signature: _____

FOR OFFICE USE ONLY

ZONING _____ **PARCEL#** _____

SIGNATURE _____ **DATE** _____

EXPIRATION DATE: _____

COMMENTS _____