



TEMPORARY USE PERMIT APPLICATION

Contact Information (To be completed by Applicant)

Applicant/Agent Name:	Property Owner:
Mailing Address:	Mailing Address:
City: State: Zip:	City: State: Zip:
Phone:	Phone:
Email:	Email:

Property/Type Purpose of Temporary Use:

Property Location/Address:	Property PIN (Tax id #):
Type of Temporary Use:	Tents – Certificate of Flame Resistance Attached: Y/N
Dates Requested: From:	To:
ATTACH SITE PLAN: Applicant shall provide a site plan, accurately and neatly drawn to scale showing the property boundaries, proposed temporary use tent, trailer or food truck locations, and driveway or street access location. The outside dimensions of the proposed tent, trailer or food truck and its distance from the front, rear, side boundaries of the lot shall be shown. Food truck vendors must show distance from any building(s) and must comply with UDO Chapter 3.23.10	

I affirm and certify that I understand and will comply with all regulations and requirements of the City of Brevard. I further certify that the above statements and the statements and showings made in any paper or plans submitted herewith are true to the best of my knowledge and belief. Further, I understand that the application, attachments and fees become a part of the Official Records of the City of Brevard Planning Department, are not returnable and are subject to NC Public Records Law. I also recognize that if one or more deficiencies exist in this application, I will be notified of the deficient items, and the department shall take no further action on the application until the required information is submitted. I understand that misrepresentation of information contained within this application may be cause to void any development approvals associated with this application. I grant permission to the Zoning Administrator, and designees thereof, to enter upon the property represented herein for the purposes of administering this application.

If the Applicant is other than the property owner, proof of owner's consent is required. Owner's signature proves consent. The applicant will be the liaison with the City and will be the party to receive official notice. Notice communicated to the applicant will be deemed communicated to the owner. By signing this application, the applicant is consenting to the designation for these purposes.

Applicant/Agent Signature:	Date:
Property Owner Signature:	Date: