



ZONING & CODE COMPLIANCE
 326 West Marion Avenue
 Punta Gorda, Florida 33950
 941-575-3352 Telephone
 941-575-3310 Fax
zoning@pgorda.us
pgcode@pgorda.us

TEMPORARY USE EXTENSION PERMIT APPLICATION

Date Received:	Existing File #: TU-
Application Fee: ___ Residential \$50.00 ___ Commercial \$100.00	

Type of Temporary Use:	
<input type="checkbox"/> Temporary Storage Container	<input type="checkbox"/> Seasonal agricultural sale
<input type="checkbox"/> Temporary Construction office/sales center	<input type="checkbox"/> Other _____

1. Applicant

Name:					
Address:		City:	State:	Zip:	
Phone:			Email address:		

2. Owner(s) of Record

Name:					
Address:		City:	State:	Zip:	
Phone:			Email address:		

3. Business Name (if applicable)

Name:					
Address:		City:	State:	Zip:	
Phone:			Email address:		

4. Authorized Agent – (if applicable – Property Owner must sign AGENT Affidavit below)

Name:					
Address:		City:	State:	Zip:	
Phone:			Email address:		

5. Property Information

Address (street name):					
Parcel ID /Account #	Lot #	Block#	Section	Short Legal Description	

6. When does the original permit expire?	
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7. Are there any changes or revisions to the original application?	<input type="checkbox"/> Yes (explain below) <input type="checkbox"/> No
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8. Date request to begin:		9. Date request will end:	
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10. Explain in detail the reason/purpose for this extension:

I, the undersigned, being first duly sworn, testify and say that I am the owner, attorney, attorney-in-fact, agent, lessee or representative of the owner(s) of all of the property described and which is the subject matter of the proposed hearing; that all answers to the questions in this application, and all sketches, data and other supplementary material attached to and made a part of the application are honest and true to the best of my knowledge and belief. I understand this application must be complete and accurate before the hearing can be advertised, and that I am authorized to sign the application by the owner or owners.

By submitting this application the owner(s) of the subject property does hereby grant his/her consent to the Zoning Official and his/her designee, to enter upon the subject property for the purposes of making any examinations, surveys, measurements, and inspections deemed necessary to evaluate the subject property relative to this application.

AFFIDAVIT

Signature of Owner or Authorized Agent

Print Name & Title

Date

STATE OF _____)

COUNTY OF _____)

The foregoing instrument was acknowledged before me this ___ day of ____, 20___, by _____, who is personally known to me or who has produced _____ as identification and who did not take an oath.

Notary Public, State of Florida

My commission Expires

(Seal)

AGENT AFFIDAVIT (Property Owner to complete ONLY if applicable)

I/We _____, property owner(s), hereby authorize _____ to act as **Agent** on our behalf regarding a TEMPORARY USE EXTENSION APPLICATION on the property commonly known as _____ in Punta Gorda, Florida.

Signature of Property Owner

Print Name of Property Owner

Date

STATE OF _____)

COUNTY OF _____)

The foregoing instrument was acknowledged before me this ___ day of ____, 20___, by _____, who is personally known to me or who has produced _____ as identification and who did not take an oath.

Notary Public, State of Florida

My commission Expires

(Seal)

Zoning use Only: Approved Denied Start _____ End _____

Comments/Conditions of approval: _____

Zoning Approval
Teri Tubbs, Zoning Official

Date