



TEMPORARY USE EXTENSION PERMIT APPLICATION

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

2. Owner(s) of Record

Name: _____

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

3. Business Name (if applicable)

Name: _____

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

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

Name: _____

Address: _____	City: _____	State: _____	Zip: _____
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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? _____

7. Are there any changes or revisions to the original application? Yes (explain below) No

8. Date Extension to begin: _____	9. Date Extension will end: _____
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