



TEMPORARY USE PERMIT APPLICATION

Date Received:	File #: TU-
Application Fee: ___ Residential \$100.00 ___ Commercial \$250.00	

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 _____

Application and all pertinent required data (listed below) MUST be submitted with this application

<input type="checkbox"/> ORIGINAL application with Signed & Notarized Temporary Use Permit Application and/or Affidavit Authorization for Agent (if applicable)	<input type="checkbox"/> A copy of the deed or other evidence of ownership / or affidavit from property owner
<input type="checkbox"/> Scaled Site Plan (and/or survey, as determined by the Zoning Official) with the following: <ul style="list-style-type: none"> The location of ALL existing structures Indicate the area of the property where any proposed temporary structures or activities are to be located. 	<input type="checkbox"/> Copy of Local Business Tax Receipt (if applicable)
	<input type="checkbox"/> Scaled Floor Plan (if applicable) – if the proposed use is within a building, show the interior location of the activity within the existing floor plan.

This application, with all required supplemental data and information, must be completed in accordance with the specific instructions in the application, and returned to the Zoning & Code Enforcement Division before same will be advertised for a hearing.

All requests must include a proposed 'to scale' site plan, with setback information including location of any temporary structures requested, as well as the location of existing structures. Additionally, a legal description and physical address of the property subject to the request, as well as copies of any contractual agreements must be attached. A specific time MUST be included in the request.

1. Applicant

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

2. Owner(s) of Record Check if same as applicant

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. Are there any contractual agreements?			<input type="checkbox"/> Yes, if yes include a copy <input type="checkbox"/> NO				
7. Do you currently have a City of Punta Gorda Local Business Tax Receipt?				<input type="checkbox"/> Yes <input type="checkbox"/> NO			
8. Date request to begin:			9. Date request will end:				
10. Will this temporary use request affect neighboring properties? <input type="checkbox"/> Yes, (explain below) <input type="checkbox"/> NO							
11. What are the hours of operation? (if applicable)							
Date	Opening Time	Closing Time	Notes				
Sunday							
Monday							
Tuesday							
Wednesday							
Thursday							
Friday							
Saturday							
12. Exterior Lighting – Type & Location Planned			13. What are the parking accommodations?				
14. Is this request being made due to a Notice of Violation?			<input type="checkbox"/> Yes, (explain below) <input type="checkbox"/> NO				
13a. Is this notice of violation received for this use or structure?			<input type="checkbox"/> Yes, (explain below) <input type="checkbox"/> NO				
<small>(NOTE- if this is a second violation, your request will be denied)</small>							
15. Explain in detail the reason/purpose for this request							

