ZONING PERMIT FOR TEMPORARY USE AND/OR STRUCTURE

Permit #_____ Date_____

_____

Name of Organization or Business

_____

Address of Organization or Business

_____

Name of Property Owner (if other than the Organization or Business) attach written permission to use premises.

_____

List Dates of Temporary Use (Maximum 12 days per calendar year)

Attach all permits required by the Commonwealth for such activity and provide information for complying with State health regulations such as providing bathroom facilities and on site facilities for workers to wash hands when food and/or beverage is sold.

All temporary signs shall be permitted separately as provided in §124-17 Temporary Signs

Temporary Retail Sales shall comply with applicable provisions set forth in §124-30 - §124-44 and only be located within a zoning district that allows retail sales.

_____

Name and Address of Applicant

_____

_____

Phone Number of Applicant

_____ _____

Date Approved Zoning Officer