



FOR OFFICE USE ONLY	
CERTIFICATE NO. _____	
DATE _____	
EOC _____	NOC _____
CC _____	NC _____

TEMPORARY USE PERMIT

Zoning District :

APPLICATION TYPE: <i>(Check One)</i>		<u>FEE SCHEDULE</u>	<u>QTY.</u>
<input type="checkbox"/>	Seasonal Sales	\$115.00	_____
<input type="checkbox"/>	Temporary Construction Trailer	\$115.00	_____
<input type="checkbox"/>	Temporary Outdoor Sales Other Lots (Not in parking area) **SEE NOTES	\$115.00	_____
<input type="checkbox"/>	Temporary Outdoor Sales (within a parking lot) ***SEE NOTES	\$115.00	_____

NAME OF COMPANY OR ORGANIZATION SEEKING TEMP USE:

NAME OF PERMANENT BUSINESS ON SITE:

LOCATION ADDRESS: CITY: STATE: ZIP:

CONTACT PERSON REQUESTING CERTIFICATE: _____ PHONE: _____

COMPANY OR ORGANIZATION MAILING ADDRESS:

CITY: STATE: ZIP CODE:

PROPERTY OWNER NAME: _____ PHONE: _____

STREET ADDRESS: CITY: STATE: ZIP:

TYPE OF STRUCTURE: <i>(Indicate type)</i>	
<input type="checkbox"/> Tent	
<input type="checkbox"/> Trailer	
<input type="checkbox"/> Other: _____ <i>(please specify)</i>	

SETBACKS FROM PROPERTY LINE:	
Front Yard to R/W	_____ feet
Rear Yard	_____ feet
Left Side Yard	_____ feet
Right Side Yard	_____ feet

LENGTH OF USE

TEMPORARY CONSTRUCTION TRAILER: (If not applicable, skip to next section)		
Starting Date: _____	Ending Date: _____	# of Days: _____
CONSTRUCTION TRAILERS AUTHORIZED FOR UP TO ONE (1) YR - MUST BE REMOVED UPON PROJECT COMPLETION		

TEMPORARY OUTDOOR SALES OR FESTIVALS: (If not applicable, skip to next section)		
Starting Date: _____	Ending Date: _____	# of Days: _____
HAS THIS VENDOR RECEIVED PREVIOUS AUTHORIZATION FOR TEMPORARY SALE IN LAST 12 MONTHS AT THIS LOCATION?		
<input type="checkbox"/> YES If so, identify all dates: _____		
<input type="checkbox"/> NO		
*** SALES MAY NOT EXCEED 4 CONSECUTIVE DAYS IF WITHIN A PARKING AREA (MAX 3 TIMES ANNUALLY PER VENDOR)		
** SALES MAY NOT EXCEED 2 CONSECUTIVE DAYS IF LOCATED OUTSIDE OF PARKING AREA (MAX 3 TIMES ANNUALLY PER LOT OF RECORD)		

SEASONAL SALES:		
Starting Date:	Ending Date:	# of Days:

I hereby apply for a zoning certificate from Union Township. I affirm that all information provided herewith is true and correct, and that I am authorized to make this application. I understand and agree that any zoning certificate issued may be revoked if error, omission or misrepresentation occurred concerning this application. I understand the building may remain in place a maximum period of one year.

Signature of Applicant

Date

SUBMIT TWO COPIES OF SITE PLAN

SUBMIT SIGNED AUTHORIZATION FROM THE PROPERTY OWNER(S)

******* ALL TENTS OR AWNINGS MUST SUBMIT COMPLETED UNION TOWNSHIP FIRE DEPT. APPLICATION/FEES**

INCOMPLETE APPLICATIONS WILL BE REJECTED