DO NOT PROCEED with Temporary Use without first having a permit in hand. Copy of Temporary Use Permit must be on site and available upon demand.

Install Date: \_\_\_\_\_



## APPLICATION FOR TEMPORARY USE

Department of Planning and Development 100 S. Hill Street, Griffin, Ga. 30223

Phone: (770) 233-4130 Fax: (770) 233-2915

NAME OF EVENT OR BUSINESS:			
Event Address:			
	Phone:		
Applicant Name:			
Address:			
City:			
Phone:	Email:		
TYPES OF TEMPORA	ARY USE (please chec	k most applicable)	
No temporary use structure shall be located within a	limit.  IENT SHED in any distribution plan has been approved a second provided ate, including the propose necessary. The sale must be proof of an Occupational AEA MARKETS, CAN VITIES shall be allowed ays. The applicant must be conducted by the Built AITH EXISTING BUSTING BUSTIN	crict, provided that such office is placed on the and a land disturbance permit has been issued.  If that the applicant submits written proof of ed activity, date(s) activity is to operate and st be conducted within a Commercial Zoned I Tax Certificate registered within the State of I Tax Certificate registered within the State of I Tax Certificate per quarter per location for a trovide written proof of permission from the ding Department and Fire Marshal.  SINESSES registered in the City of Griffings in the state are exempt from permitting and assiness shall be four (4) per year.  Equipment and Fire Marshal.	
<ul> <li>Adequate and safe ingress and egress to the site, su activity shall be provided on site. Parking or stoppin</li> <li>No structure of a permanent nature shall be constructed</li> </ul>	ng on the public right-of-wa	· · · · · ·	
Printed Name	Signature		
Office Use only:	•••••	• • • • • • • • • • • • • • • • • • • •	

Removed Date: \_\_\_\_\_

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## **OWNER'S AUTHORIZATION**

This is to certify that:		
(Name of Owner or Representative o	f the Owner)	
The person named above is t property that is subject to the	•	ative of the Owner holding interest in the
By execution of this form, autilities for and pursue a request	_	he person name as "Applicant" below to porary Use Permit.
Applicant's Name:		
Address:		
City:	State:	Zip:
Telephone Number:		Email:
Signature of Owner		Date:
		Date:
Signature of Representative		
Notary Signature and Seal		
Commission Expiration Date:		
Office Use only: Install Date:		Removed Date: