



CAMDEN COUNTY TEMPORARY USE PERMIT

Applicant

Name: _____

Address: _____

Telephone: _____

Property Owner

Name: _____

Address: _____

Telephone: _____

Applicant is (check one): the Property Owner Not the Property Owner (attach Property Owner's Authorization)

Applicant's Certification: I hereby certify that the information contained in and attached to this application is true and correct.

Signature: _____ Date: _____ Notarized: _____

Property

Location: _____

Tax Parcel Number: _____

Size (Acres): _____ Current Zoning: _____

Current Use of Property: _____

Attachments (check all that apply)

- Property Owner's Authorization
- Application Fee
- Maps or Drawings Illustrating Request
- Other Attachments: _____

Temporary Use

- Carnival or circus * — maximum 3 weeks
- Emergency housing after destruction of a home
- Religious meeting—temporary structure — max. 40 days
- Open lot sale of seasonal items — max. 45 days
- Temporary housing while a home is under construction
- Temporary office for a development — max. 12 months
- Other * _____

Start Date: _____

End Date: _____

_____, 20__ _____, 20__

_____, 20__ When no longer needed

_____, 20__ _____, 20__

_____, 20__ _____, 20__

_____, 20__ Within 30 days of C.O. for home

_____, 20__ _____, 20__

_____, 20__ _____, 20__

* Requires Approval by Board of Commissioners

For Camden County Staff Use Only

Application Date Received: _____ Date Accepted: _____

Health Dept Approval Date: _____ N/A

Sheriff's Office Approval Date: _____ N/A

Public Works Approval Date: _____ N/A

Fire Dept Approval Date: _____ N/A

APPLICATION NUMBER

Action **Board of Commissioners** Date: _____ N/A

Approved With Conditions Denied

Director of Planning Date: _____

Approved With Conditions Denied