

Application Temporary use Permit

City of Crofton Planning and Zoning Department

For city office use only:

Date Filed _____ Fee _____ Receipt# _____

In addition to completing this form, the applicant must provide the following:

1. A site plan fully dimensioned showing existing parking, buildings location and size and the location of the proposed temporary use
2. Any other information requested by the Zoning Administrator, city maintenance and city police necessary to evaluate the proposed temporary use.

Note: Temporary uses are regulated by the City of Crofton Planning and Zoning Ordinance and City Ordinances. Any temporary use receiving a permit must comply with the site regulations for the zoning district it is located in.

To be completed by Applicant

Property Owners _____
(Name) (Address) (Phone)

Applicant _____
(Name) (Address) (Phone)

General Location Description _____

Additional electrical wiring/lighting provided: (yes) _____ (No) _____

Date Available for inspection _____

Hours of operation _____ Dates of operation _____ to _____

Owner/Applicant Signature _____ Date Submitted _____

(If not the property owner, the applicant certifies with this signature to be the authorized agent of the property owner.)

Temporary use Permit: (To be completed by the Zoning Administrator)

____ The temporary use complies with the site regulations for the zoning district.

____ The time and frequency of the operation are acceptable.

____ The city maintenance has reviewed the application.

____ The city police has reviewed for proposed parking and circulation for safe access to the site

() Denied

() Approved, for the period from _____ to _____ with the following conditions:

(Date) (Signature of Zoning Administrator)

(Date) (Signature of City Council Consignee)

(Rev 1/1)