



TEMPORARY USE PERMIT APPLICATION

CITY OF WAYNESBORO, BUILDING & ZONING DEPARTMENT

Reference City Code Chapter 98
Sections 4.7 and 7.8

A.) SITE INFORMATION:

Application Fee: \$50.00

Please attach a detailed site plan of entire property indicating all existing structures and uses, proposed location of all temporary structures, setbacks, travel lanes, parking spaces, storage areas, signs and any other relevant information as required to process this application. This application and permit are non-transferable. Only one temporary use permit per licensed business is allowed for not more than 10 consecutive days in any six month time period. No temporary use shall be located within 300 feet of a residential use unless the temporary use is a City sanctioned/sponsored event.

Physical Address: _____ (Printed) Zoning District: _____

Property Owner of Record: _____ (Printed) Phone #: _____

Owner's Mailing Address (if different): _____ (Printed)

B.) GENERAL INFORMATION:

Type of temporary use and general description: _____

Time period requested: Starting Date: _____ Ending Date: _____

Hours of operation: _____

Will existing parking spaces be utilized? Yes No Will any extra lighting be required? Yes No

Are you serving food and/or drinks? Yes No Are you serving alcoholic beverages? Yes No

Will restroom facilities be provided? Yes No Will garbage facilities be provided? Yes No

Will any temporary signage be used? *Yes No

Will any part of the temporary use be on public property? **Yes No

Will there be live entertainment or amplified music or sound? **Yes No

**Temporary signs require a sign permit and must comply with section 5.6 of the zoning ordinance.*

***Any amplified music/sound and/or temporarily closing of any sections of public property (i.e.: sidewalks, streets and/or alleys) will require permission from the City Manager prior to the event.*

C.) APPLICANT INFORMATION:

Applicant Name: _____ (Printed)

Property Owner

*Duly Authorized Tenant/Lessee

Mailing Address: _____ (Printed)

Email Address: _____ Phone #: _____

* Power of Attorney Form and contract agreement with owner is required.

D.) SIGNATURE:

AFFIDAVIT: The undersigned property owner *duly authorized tenant/lessee contractor [check one] certifies that the foregoing information is true and correct to the best of my knowledge and belief; with the understanding that any incorrect information submitted may result in the denial or revocation of this permit. I hereby authorize the City of Waynesboro to review this request and visit the site if necessary as a result of the review.

Signature _____

Date _____

Printed Name _____

Phone Number _____

* Power of Attorney Form and contract agreement with owner is required.

FOR OFFICE USE ONLY:

Date Rec'd _____

Permit # _____

Invoice #: _____

Fee \$ _____

- Special Power of Attorney form received? Yes No N/A
- Contract agreement received? Yes No N/A
- Health Department verification received? Yes No N/A
- Alcoholic Beverage Control verification received? Yes No N/A
- Permission from City Manager received? Yes No N/A

Not approved Approved _____ Date: _____
Building & Zoning Department

Comments: _____

