

SEASONAL USE PERMIT APPLICATION

Date: _____

Name of Business: _____

Address of Location: _____

Principal Use at this Location: _____

Applicant Name: _____

Address: _____

Phone: _____ Fax: _____ Cell: _____

E-mail: _____

Legal Description:

Subdivision Name: _____

Filing #: _____ Lot #: _____ Block #: _____

Property Tax Parcel #(s): _____

Present Zoning: _____

Dates of Operation: _____ to _____

To the best of my knowledge, the information contained on this application is true and correct.

Applicant Signature _____

Date _____

FOR STAFF USE ONLY

Staff Approval: _____	Staff: _____
Amount of Deposit: _____	Inspection Date: _____
Date Received: _____	Date Check Returned: _____
SIP #: _____	
Electrical Permit #: _____	
Fire Inspection Date: _____	