

Temporary Structure Application



Permit #: TS ___ - _____
Date rec'd: _____
Staff initials: _____

Contact Information:	
Property Owner	Applicant
Name:	
Mailing address:	
Phone #:	
E-mail:	

Permit issuance is dependent upon approval of owner of property upon which structure is proposed to be located.

Property information:
Property address or parcel i.d. #:

Structure type: <i>Please check all that apply.</i>		
<input type="checkbox"/> Tent in excess of 100 square feet	<input type="checkbox"/> Structure selling non-food merchandise	<input type="checkbox"/> Portable mobile building
<input type="checkbox"/> Structure supporting special event	<input type="checkbox"/> Storage container supporting construction	<input type="checkbox"/> Other (specify) _____
<input type="checkbox"/> Structure selling food	<input type="checkbox"/> Sales/construction field office	

Activity information:
Describe event or activity for which structure is to be used, including duration and frequency of placement of the temporary structure and hours of operation. For food sales, describe how restroom facilities and trash removal are to be accommodated.

Please attach a location/site plan indicating the location and dimensions of the temporary structure, dimensions from property boundaries, proposed parking intended to support the proposed activity, proposed signs, and pedestrian and vehicular site access. (Structures may be relocated during the permit period but additional locations must be approved by the Town)

Owner and Applicant statement:			
<i>As property Owner and Applicant I/we certify that all information provided in this applicant and attachments are true and accurate to the best of my/our knowledge, information and belief. I/we further certify that I/we are familiar with requirements of Article 15 of the Marshville Development Ordinance concerning Temporary Structures, and that I/we acknowledge any violation of this Ordinance will be grounds for revoking this permit.</i>			
_____	_____	_____	_____
Owner signature	Date	Applicant signature	Date

** Office Use Only **		
Zoning district:	Conditions? <input type="checkbox"/> Yes (attached) <input type="checkbox"/> No	Permit expires (date): _____
Sign permit req'd? <input type="checkbox"/> Yes <input type="checkbox"/> No	Staff comments:	
<i>Information contained in this application has been determined to be in compliance with Article 15 of the Marshville Development Ordinance. Therefore with my signature approve the issuance of the Temporary Structure permit.</i>		
_____	_____	
Signature, Planning & Zoning Administrator	Date	