



Temporary Use/Special Event Permit Application Form

433 Hay Street, Fayetteville, North Carolina 28301
910-433-1612 Fax # 910-433-1776

Submittal Date: _____ Received by: _____

Notes:

- 1. The maximum time frames for temporary uses and special events are listed in Section 30-4.E of the Chapter 30.

1. General Project Information

Project Address:

Tax Parcel Identification Number:

Zoning District:

Overlay Zoning District(s):

2. Written Description of Temporary Use (attach additional sheets as necessary)

A) Provide a written description of the temporary use and/or special event, including the dates, hours of operation, and duration of temporary use, including setup, removal, and cleanup. Attach additional sheets, maps, sketches, or photos, as needed.

B) Describe the current uses on the site.

C) Identify the existing uses and zoning district designations on all adjacent properties, including any across the street.

D) Please identify any possible negative impacts from the proposed temporary use and/or special event, and how they will be addressed.

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E) Demonstrate how the proposal will comply with the standards for temporary uses and/or special event in the City code.

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3. Temporary Sign Information
Only complete if your temporary use includes signage

Dimensions (length x width)(feet):			
Sign Area (square feet):		Sign Copy Area (square feet):	
Sign Height (feet):		Sign Setback:	
Illumination:	<input type="checkbox"/> None <input type="checkbox"/> Internal <input type="checkbox"/> External		
Wall Sign Only – Length of wall upon which the sign is to be installed (feet):			

4. Submittal Requirement Checklist

(Submittals should include 3 copies of listed items, unless otherwise stated.)

<input type="checkbox"/>	Temporary Use Permit Application Form
<input type="checkbox"/>	Copy of an approved Certificate of Appropriateness (COA) if located within the HLO district
<input type="checkbox"/>	Application fee
<input type="checkbox"/>	A plot plan drawn to scale that includes the location of lot, adjacent streets within 200', size of property, location of parking and electrical power source, location and size of other accessory structures, and proposed landscaping plan and lighting information
<input type="checkbox"/>	List of vendors, including name, address, phone number, and copy of their city business license, where applicable
<input type="checkbox"/>	Any additional information determined to be necessary by the Development Services Department

5. Primary Point of Contact Information for the Pre-application Conference

Primary Point of Contact Name:			
Mailing Address:		Fax No.:	
Phone No.:		Email:	
Signature:		Date:	

Approved

Denied

Authorizing Signature _____

Date _____