



Town of Clayton
Planning Department
111 E. Second Street, Clayton, NC 27520
P.O. Box 879, Clayton, NC 27528
Phone: 919-553-1545
Fax: 919-553-1720

TEMPORARY USE PERMIT

Pursuant to Article 7, Section 155.712 of the Unified Development Code, a property owner/business owner within the jurisdiction of the Town (or a duly authorized agent) may apply for a Temporary Use Permit from the Planning Department.

Temporary Use Permit applications must be accompanied by nine (9) copies of the application, nine (9) copies of a site plan depicting the temporary use location, an Owner's Consent Form (attached) and the application fee. Applications for temporary construction trailers may submit one (1) copy of the required materials. The application fee is \$100.00. All fees are due when the application is submitted.

Please note that a Temporary Use Permit is valid for a maximum 30 days within a one year time period.

SITE INFORMATION:

Name of Project: _____ Parcel ID Number: _____

Property Owners Name: _____

Address: _____

Location: _____

Existing Use: _____ Existing Zoning District: _____

Timeframe for Temporary Use (*List all dates*): _____

APPLICANT INFORMATION:

Applicant: _____

Mailing Address: _____

Phone Number: _____ Fax: _____

Contact Person: _____

Email Address: _____

FOR OFFICE USE ONLY

File Number: _____ Date Received: _____ Amount Paid: _____

SUPPLEMENTAL INFORMATION

The following items must be addressed by the applicant.

Yes No N/A

- Is site lighting or electrical service needed to support the temporary use? *Note: No lighting or electrical service shall be provided without an electrical permit.*
- Will the temporary use be located in a temporary structure? *Note: No structure shall be erected without a building permit.*
- Is the temporary use located so that all fire lanes, pedestrian access and vehicular access points remain unblocked?
- Has the site of the temporary use been cleared of all debris? *Note: All debris must be cleared within five (5) of the end of the temporary use.*
- Written permission from the property owner has been obtained? *(complete the Owner's Consent Form)*
- Has adequate parking been provided? *Note: Required parking for other uses must remain available.*
- Have adequate traffic controls measures been provided? *Note: Applicant may be required to provide a maintenance of traffic plan.*
- Have adequate provisions for trash disposal and sanitary facilities been provided? *Note: Applicant may be required to provide additional information on the site plan.*
- Have adequate provisions for crowd control been provided? *Note: Applicant may be required to provide plans for crowd control.*

SPECIAL EVENT SUPPLEMENTAL INFORMATION

In addition the Supplemental Information requested above, the following information is necessary for Special Events.

Event Coordinator: _____

Phone Number: _____ **Fax:** _____

Contact Person: _____

Email Address: _____

Event Location: _____

Event Description:

APPLICANT AFFIDAVIT

I/We, the undersigned, do hereby make application and petition to the Planning Department of the Town of Clayton to approve the subject Temporary Use Permit. I hereby certify that I have full legal right to request such action and that the statements or information made in any paper or plans submitted herewith are true and correct to the best of my knowledge. I understand this application, related material and all attachments become official records of the Planning Department of the Town of Clayton, North Carolina, and will not be returned.

Print Name

Signature of Applicant

Date

DEPARTMENTAL REVIEW

Town Manager: Approved Denied

Comment: _____

Fire Department: Approved Denied

Comment: _____

Police Department: Approved Denied

Comment: _____

Operations Department: Approved Denied

Comment: _____

Planning Director: Approved Denied

Comment: _____

Other: _____ Approved Denied

Comment: _____

TEMPORARY USE PERMIT APPROVAL

This Temporary Use Permit for _____ is approved for the following dates: _____ and is subject to any conditions listed below. The permit expires on _____.

Conditions:

Planning Director/Designee

Date

