



TOWN OF CLAYTON
PLANNING DEPARTMENT
 111 E Second Street
 Clayton, NC 27520
 919-553-5002

TEMPORARY USE PERMIT

www.TownofClaytonNC.org/Fees

Applicable Fees: Temporary Use

Note: A fire inspection is required for certain activities. In addition to the Temporary Use fee, a Fire Inspection may be charged.

USE LOCATION INFORMATION

Site Address: _____

County Tag: _____ NC PIN: _____

Proposed Temporary Use: _____

Existing Use: _____

USE DESCRIPTION

Project Name: _____

Start Date: _____ End Date: _____

Location on Property: _____

Please also include a detailed site plan using the checklist on the following page.

Use Description: _____

OFFICE USE ONLY

Date Received: _____ Amount Paid: _____ Permit Number: _____

SITE PLAN CHECKLIST

Please include the following on your site plan:

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

APPLICANT INFORMATION

Applicant: _____

Mailing Address: _____

Contact Person: _____

Phone Number: _____ **Email Address:** _____

PROPERTY OWNER INFORMATION

Name: _____

Mailing Address: _____

Phone Number: _____ **Email Address:** _____

APPLICANT AFFIDAVIT

I understand that by signing this application I am legally bound to the representation, terms, and conditions herein. By signing below, I certify that I was technically able to read and had a reasonable opportunity to read this disclosure. I further acknowledge that I am authorized to submit this application, and any subsequent revisions thereto, and confirm having obtained permission from the property owner/occupant for the application and the Town's entry onto the property, if applicable. I further authorize Town of Clayton representatives to enter the site for purpose of conducting inspections or evaluations to determine compliance with applicable laws, policies, and manuals. I hereby certify that all of the information provided in this application and any attached documents is true, accurate, and complete to the best of my knowledge. I understand that any false information may result in rejection of the application or revocation of the permit or plan. I understand this submittal with its related materials and all attachments become official records of the Town of Clayton, North Carolina, and will not be returned. I understand this application and any communication, approval, or resulting permits issued as a result of this application are subject to disclosure pursuant to the North Carolina Public Records Act. I also acknowledge that, pursuant to NCGS § 143-55(b1), failure to respond to Town comments or holding the permit application on hold for six consecutive months or more will result in the cessation of review and forfeiture of all application fees, requiring a new application under current regulations. I shall not hold the Town of Clayton, its officers, employees and agents liable for any claims, losses, liabilities, expenses, charges or damages arising from or relating to incomplete, inaccurate, or false applications, or any additional supplemental applications, with respect of any cause arising out of, resulting from, or in connection with the application or permit.

Print Name

Signature of Applicant

Date

SUBMITTAL INFORMATION

Email: permitsubmittals@townofclaytonnc.org

Include address and permit type in the subject line (e.g., "123 Main St - Change of Use Permit"). All digital documents must be submitted as PDFs. We will call you for payment details.

In Person: Bring it to our office on the 4th Floor of 111 E Second St. Pay in person, or we will call you for payment details.

STAFF REVIEW BY: