



**TOWN OF CLAYTON**  
Planning Department  
111 E. Second St., P.O. Box 879  
Clayton, NC 27528  
Phone: 919-553-5002  
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 from the Planning Department. Temporary Use are valid for a maximum 30 days within a one year time period.*

*Applications must be accompanied by one (1) copy of a site plan depicting the temporary use location, an Owner's Consent Form (attached) and the \$100.00 application fee. All fees are due when the application is submitted.*

- A temporary use is a use that is established for a fixed period of time such as a construction trailer, special sale or promotion, and is discontinued at the expiration of such time and does not involve the construction or alteration of any permanent structure.
- After approval by the Planning Director, a Manufactured Home or trailer may be used as a temporary office, security shelter, or shelter for materials or tools (but not for residential purposes or sales offices) incidental to construction on or development of the premises upon which the Manufactured Home or trailer is located. Such use shall be strictly limited to the time construction or development is actively underway. In no event shall the use continue more than six months without the further approval of the Planning Director. The temporary use shall be approved only upon finding that actual construction is continuing.

### USE LOCATION INFORMATION

Type of Use: \_\_\_\_\_ Date/Time: \_\_\_\_\_

Property Owners Name (attach Owners Consent): \_\_\_\_\_

Use Address: \_\_\_\_\_

Location: \_\_\_\_\_

Description of Use: \_\_\_\_\_

Tag Number: \_\_\_\_\_

### OFFICE USE ONLY

Date Received: \_\_\_\_\_ Amount Paid: \_\_\_\_\_ Permit Number: \_\_\_\_\_

## APPLICANT INFORMATION

Applicant: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Email Address: \_\_\_\_\_

## TEMPORARY USE CHECK LIST

*Please provide a detailed site plan illustrating the temporary use and a written explanation providing specific information including:*

- | Yes                      | No                       | N/A                      |   |
|--------------------------|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Is site lighting or electrical service needed to support the temporary use? <i>Note: No lighting or electrical service shall be provided without an electrical permit.</i>    |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Is the temporary use located in a temporary structure? <i>Note: No structure shall be erected without a building permit.</i>  |
| <input type="checkbox"/> | <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"/> | <input type="checkbox"/> | Has the site of the temporary use been cleared of all debris? <i>Note: All debris must be cleared within five (5) of the end of the temporary use.</i>                        |
| <input type="checkbox"/> | <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"/> | <input type="checkbox"/> | Has adequate parking been provided? <i>Note: Required parking for other uses must remain available.</i>   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Have adequate traffic controls measures been provided? <i>Note: Applicant may be required to provide a maintenance of traffic plan.</i>                                       |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Have adequate provisions for trash disposal and sanitary facilities been provided? <i>Note: Applicant may be required to provide additional information on the site plan.</i> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Have adequate provisions for crowd control been provided? <i>Note: Applicant may be required to provide plans for crowd control.</i>  |

*Please note that all Temporary Uses are subject to the sign regulations provided in Section 155.403 of the Town of Clayton's Unified Development Code. All signage is limited to the location of the Temporary Use. Failure to meet the Town's sign regulations may result in the issuance of a violation and fines.*

**REVOCATION OF PERMIT**

*The Town may revoke a permit issued pursuant to this section if the applicant or operator of the temporary use has:*

1. Misrepresented or provided false information in the permit application;
2. Violated any law, provision of the Town of Clayton Unified Development Code or Johnston County Health Department regulations; or
3. Operated the temporary use in such a manner as to create a public nuisance or to constitute a hazard to the public health, safety or welfare, specifically including failure to keep the Town of Clayton owned property clean and free of refuse.

**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.*

*The undersigned does understand and agree to the rules and regulations that apply to a Temporary Use Permit.*

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**DEPARTMENTAL REVIEW**

Reviewed

	<i>Town Manager</i>		<i>Property Maintenance</i>
	<i>Fire Chief</i>		<i>Executive Director, Conference Center</i>
	<i>Fire Marshal</i>		<i>Public Safety Officer</i>
	<i>Public Works &amp; Utilities Director</i>		<i>Downtown Development Coordinator</i>
	<i>Town Engineer</i>		<i>Electrical Director</i>
	<i>Chief of Police / Police Department</i>		<i>Planning Director</i>

Comments: \_\_\_\_\_

\_\_\_\_\_

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