



Planning Department
401 Laureate Way
Kannapolis, NC 28081
704.920.4350
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TEMPORARY USE PERMIT APPLICATION

Applicant Last Name: _____ **First Name:** _____ **MI:** _____

Mailing Address: _____
Street Address City State Zip Code

Contact Phone: _____ **Email Address:** _____

Address where temporary use will be located: _____

Use Type: _____ **Dates Requested: From:** _____ **To:** _____

Property Owner Name: _____ **First Name:** _____ **MI:** _____

Property Owner Permission to Operate:

Property Owner Signature Date

I, the undersigned certify that the information in the foregoing application is accurate and true to the best of my knowledge and acknowledge my responsibility to ensure that:

- I have obtained permission from the property owner to utilize the property for the specified temporary use.
- I have obtained a Zoning Clearance Permit from the City of Kannapolis and will post in a visible location on the site of the temporary use.
- I understand that the permit is valid for the timeframe specified per the use as shown in Section 4.4, Table 4.4.C(1) of the Kannapolis Development Ordinance (KDO).
- I agree that all requirements of Section 4.4 Temporary Uses of the KDO shall be adhered.

Applicant's Signature Date

DYfa JhFee:~) \$