Planning Department
401 Laureate Way
Kannapolis, NC 28081
704.920.4350
bbarcroft@kannapolisnc.gov

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**

Digital format of all documents submitted through Accela Citizen Access:
https://accela1.cabarruscounty.us/CitizenAccess/
All City of Kannapolis required documents must be uploaded and legible. Choose temporary use Permit when you are going through the permit process

Permit Fee: $50