



TEMPORARY USE PERMIT APPLICATION

Town of Elon Planning Department
Williamson Avenue • Elon, NC 27244 • (336) 584-3601

\$60

Fee

Permit Number

APPLICANT INFORMATION

APPLICANT NAME: _____ TELEPHONE: _____

MAILING ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

EMAIL: _____

PROPERTY INFORMATION

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

TAX MAP & PARCEL: _____ TOTAL ACREAGE: _____

PROPERTY OWNER: _____ TELEPHONE: _____

MAILING ADDRESS: _____

PLEASE NOTE: A RECORDED SURVEY MAP, RECORDED DEED, OR OFFER TO PURCHASE MAY BE REQUIRED IF THE PROPERTY INFORMATION CANNOT BE VERIFIED ON THE GIS WEBSITE.

PROPOSED LAND USE

- Seasonal Market (use allowed for 90 days maximum)
- Temporary Accessory Structure, excluding storage containers (use allowed for 2 years maximum)
- Temporary Storage Container (use allowed for 90 days maximum)
- Other (describe) _____

SIGNATURES AND ACKNOWLEDGEMENT

I further certify that I, the undersigned, am the owner of the subject property or I am making application with the full authority of the owner(s) and the statements herein are true and correct to the best of my knowledge. I also certify that I have or will comply with all applicable Town of Elon, Alamance County, or State of North Carolina Statutes, Codes, Ordinances or Regulations.

Signature of Applicant

Date

Signature of Property Owner

Date

TO BE COMPLETED BY ZONING OFFICIAL

Jurisdiction: Town Limits ETJ Planning District/Overlay: _____

Request is: Approved Denied

Town of Elon Zoning Official Signature

Date