Town of Weddington

Temporary Use Permit Application

Applicant Information **Permit Number:** _____

Name: _____ Phone Number: _____

Mailing Address: _____ Email: _____

City: _____ State: _____ Zip: _____

Property Owner Information (if different from applicant)

Name: _____ Lot Number: _____

Address: _____ Subdivision: _____

City: _____ State:____ Zip: _____ Parcel Number: _____

Describe the nature of the use requested:

_____

_____

Findings of Fact:

The proposed temporary use will not materially endanger the public, health, welfare and safety; and

- Yes
- No

The proposed temporary use will not have a substantial negative effect on adjoining properties; and

- Yes
- No

The proposed temporary use is in harmony with the general purpose and intent of the ordinance and preserves its spirit; and

- Yes
- No

The proposed temporary use is held no more than three times per year at any particular location.

- Yes
- No

On a separate page provide the following -

Narrative including:

- Nature of use
- Duration of use
- Hours of operation
- Lighting
- Temporary structures
- Signage
- Projected attendance
- Waste/trash disposal

Other Submittal Requirements (if applicable):

- A site plan showing parking and the layout of event area
- Proof of adequate insurance to cover the event
- Certification of review from Union County Sheriff's Department or NC Highway Patrol regarding traffic and crowd control
- Union County mass gathering permit required?
- Certification of review from Union County Health Department
- Department of Revenue weekend Temp. Sales and Use ID# for retail sales

_____ _____ _____ _____

Signature of Applicant Date Signature of Property Owner (if different) Date

Permit Approved? Yes ____ No _____ If Yes, Permit is Valid from: _____ to _____

_____ _____

Zoning Administrator Date