



TEMPORARY USE PERMIT APPLICATION

Please Return to: City of Charlottesville
Department of Neighborhood Development Services
Post Office Box 911, City Hall
Charlottesville, VA 22902
Telephone: (434) 970-3182 Fax: (434) 970-3359

This form becomes your permit upon approval by the Zoning Administration and payment of \$250 permit fee. (A building permit may also be required for temporary trailers, tents, etc.)

Applicant: _____ Property Owner: _____

Address: _____

Phone (H) _____ (W) _____ (F) _____

Email: _____

Address of Temporary Use: _____

Tax Map, Parcel No. and Zoning of Temporary Use: _____

Nature of Temporary Use: _____

Days of Operation: _____

Hours of Operation: _____

Number of Employees: _____ Volunteers: _____

Signage: _____

(Please attach one sign application for each sign with fee.)

Location of Parking to Be Provided: _____

Tents: _____

(Note: Tent Permit is required for a tent with footprint over 900 sq ft; tent must meet all building codes.)

Will there be any site work required? (Note on attached site plan*): _____

*NOTE: Please attach (a) all names of adjacent property owners with Tax Map, Parcel No. and Zoning of each property; (b) a site sketch showing the boundaries of the subject site, position of structures, location of parking and other pertinent features of the proposed temporary use (City Code Sec. 34-1190).

I agree to abide by all requirements for the Temporary Use Permit and understand that the permit may be revoked for failure to comply with all provisions. I warrant that all licenses, permits and other governmental approvals required by any federal, state or local law and regulations required for or in connection with the proposed temporary use have been or will be obtained prior to use (City Code Sec. 34-1190)

Applicant Signature _____ Date _____

Property Owner Signature (if not applicant) _____ Date _____

For Office Use Only

Date Received: _____ Amt Paid: _____ Cash/Check #: _____ Approved: _____ Denied: _____

Comments: _____

Zoning Administrator: _____