



TEMPORARY USE PERMIT RENEWAL

Applicant Name _____

Today's Date _____

Mailing Address _____

Tax Account Number _____

City, State, Zip _____

Zoning _____

Location Address _____

Contact Phone Number _____

Please check the temporary use for which you hold a permit:

___1. "Use Not Allowed in District". CCZO Section 1505.1 Not to exceed 1 year.

___2. "Care of a Relative". CCZO Section 1505.3 Not to exceed 1 year.

**You must have a current doctor's note to renew.
You may be required to have your septic system reviewed.
You will be notified by the Sanitarian if a septic review is necessary.**

___3. "Emergency Shelter". CCZO Section 1505.4 Not to exceed 60 days.

___4. "Storage of Structures or Equipment". CCZO Section 1505.6 Not to exceed 6 months.

Please answer "yes" or "no" to the following questions:

Circle One

Are the circumstances the same as when the original permit was granted? Yes / No

Do you have an active code compliance / enforcement file pending? Yes / No

Will the use be detrimental to the area or to adjacent properties? Yes / No

Does the use comply with the Comprehensive Plan? Yes / No

I hereby certify that the above statements are accurate and true to the best of my knowledge and belief.
The renewal fee is \$277.00 and is due at this time.

Applicant Signature _____

Today's Date _____

For Office Use Only

Temporary Permit File No. _____ **Expiration:** _____

Date Rec'd _____ Receipt # _____ Check # _____ Staff Member _____

Record # _____ TP Renewal # TR _____ Doctor's Note _____ Valid BP _____

Notes: _____