



# 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 60 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*