

TEMPORARY USE PERMIT APPLICATION

TYPE OF PERMIT (CHECK ONE) For submittal requirements for each permit type, see attached checklists			
☐ Temporary Office (7.9.7.)*		= cen on vincens (covis) i meema (visizi)	
☐ Temporary Structure (7.9.9.)*		Goat/Sheep Yard Maintenance (7.9.4.)	
☐ Manufactured Home (7.9.1.A.)*		☐ Donation Bin or Trailer (7.9.3.)	
☐ Model Home (7.9.5.)*		☐ Temporary Fireworks Retail Sales (7.9.8.)	
*: A building permit will be required for these uses			
ADMINISTRATIVE FEES			
1 5		\$50	
1 \ 11 /		\$75 each	
Please be advised, Fire Department and Health Department Approval may be required. To schedule a Fire			
Dept Inspection, please call 770-730-5600. Fulton County Health Department is 404-332-1808. APPLICANT'S INFORMATION			
Name of Business or Applicant:			
Business License # and City/State where issued:			
Address of Use:	T		
City:	State:		Zip:
Business or Applicant Address:			
City:	State:		Zip:
Representative Name (24-Hour Contact):			
Phone #: Email: Fax #:			
CONTRACTOR'S INFORMATION			
Contractor's Name:			
Agent Name:			
Contractor Address (If other tha			Tr.
City:	State:		Zip:
Contractor Phone:	Cell/Home Phone:		Fax Phone:
Email:	Business License #:		Trust Account #:
SITE PLAN REQUIREMENTS			
Project name and address, subdivision name and lot number (if applicable), land lot, district, and			
zoning.			
☐ Key and/or legend and site location map with North arrow and scale of drawing.			
☐ Street address			
☐ Boundary of subject property and location of any existing/proposed structures and parking areas			
ADDITIONAL REQUIREMENTS			
☐ On a separate sheet, provide a narrative describing the proposed temporary use ensuring			
compliance with the appropriate requirements for the specific use outlined in Div. 7.9.			
Refer to Div. 7.9. and Sec. 11.5.5 of the Development Code for more requirements assigned to			
the specific use.			
the specific use.			
Please submit completed application and supporting documents at https://build.sandyspringsga.gov.			