



TOWN of
YOUNGSVILLE

Planning and Zoning Department
Youngsville Town Hall
134 US 1A South
Youngsville, NC 27596
t 919-925-3401
f 919-925-3402

TEMPORARY ZONING PERMIT APPLICATION

GENERAL INFORMATION

Applicant Agency/Association: _____

Representative's
Name: _____

Address: _____

Phone: _____ Email Address: _____

PROJECT INFORMATION

Proposed Use/Activity: _____

Location: _____ Date(s): _____

Off-Site Sign Location: _____

I hereby declare that the information submitted for the consideration of this permit and thereby resulting in the approval of the permit as indicated by the checking of the appropriate following boxes is true, complete, and accurate to the best of my knowledge. Verifications submitted:

- | | |
|---|---|
| <input type="checkbox"/> Property owner authorization | <input type="checkbox"/> Site set up plan/approval |
| <input type="checkbox"/> Zoning classification | <input type="checkbox"/> Fire <input type="checkbox"/> Police |
| <input type="checkbox"/> Tax exempt verification | <input type="checkbox"/> Health Department review |

SIGNATURES

I certify that all of the statements made in this application and any attached documentation are true, complete, and correct to the best of my knowledge and belief and are made in good faith. I understand that false information may result in the rejection of this permit or subsequent revocation of this permit. I further certify that all conditions, restrictions, and regulations regarding the proposed use and any associated signage have been fully explained to me and I acknowledge this information and agree to abide by all requirements.

Representative's Signature

Date



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FOR DEPARTMENT USE ONLY

Temporary Permit #: _____

Issued by: _____

Date: _____

Name of Town Official

NOTES:
