LYON COUNTY PLANNING BOARD
APPLICATION FOR TEMPORARY USE PERMIT

PERMIT NUMBER:_____

DATE: _____ FEE:_____

APPLICANTS NAME: _____

APPLICANTS ADDRESS: _____

OWNERS NAME AND ADDRESS IF DIFFERENT THAN APPLICANT:
_____
_____

ADDRESS OF PROPERTY REQUESTED FOR PERMIT_____
_____
_____

LEGAL DESCRIPTION OF PROPERTY:_____
_____
_____

LEGAL DESCRIPTION ATTACHED (if too long to fit in space above)_____

CURRENT ZONING OF PROPERTY:_____

DESIRED TEMPORARY USE REQUESTED:_____
_____
_____

STARTING ON:_____

LAST DAY OF USE:_____

APPLICANT UNDERSTANDS THAT THE ABOVE USE IS AUTHORIZED FOR THE SPECIFIC TIME PERIOD INDICATED AND ALL SUCH USE WILL BE REMOVED FROM THE PROPERTY IMMEDIATELY FOLLOWING THE LAST DAY. ANY FUTURE USE OF THE PROPERTY FOR A TEMPORARY USE WILL REQUIRE THAT AN ADDITIONAL PERMIT BE OBTAINED.

APPLICANTS SIGNATURE_____

The above temporary use of the land for _____located at _____is hereby authorized from _____to _____.

_____Zoning Administrator, Lyon County