

Office Use Only

Application Date _____

Completed By _____

Application # _____

CITY OF ASHEVILLE TEMPORARY USE PERMIT APPLICATION

PLEASE PRINT CLEARLY AND USE BALL POINT PEN

RETURN APPLICATION WITH SITE PLAN TO THE DEVELOPMENT SERVICES CENTER AT:

161 S. CHARLOTTE ST. ASHEVILLE, NC 28801

Type of Event/Activity/Sale – circle one

One Time Event Ongoing Event Sales of Merchandise Sales of Food Other type _____

Address: _____ **PIN#** _____

Area of Town – circle one North South Central East West

Property Owner: _____ **Address** _____

City _____ State _____ Zip _____ Phone# _____

Contractor: _____ **Address** _____

City _____ State _____ Zip _____ Phone# _____

Fax# _____ Cell Phone# _____ City Privilege License# _____

Contact Person: _____ **Phone#** _____ **Cell#** _____

Name and Detailed Description of Event/Activity/Sale

Applications for mobile food trucks must include a copy of the Buncombe County Health Department Certificate

Estimated number of persons in attendance at any one time: _____ **Total estimated for duration of event:** _____

Applications for events totaling 100 people or more must submit an Emergency Action Plan

List Exact Date(s) & Times

List Tent(s), Stages and/or Other Structures with sizes (site plan must also accompany all applications - see reverse for checklist of site plan requirements)

The required sketch plan must include the information below. Plan need not be to scale, but distances and dimensions **must** be labeled. An aerial photograph may be submitted along with the sketch plan, but not as a substitute for the plan.

Show and label:

- All property boundaries
- All adjacent streets
- All drive entrances and access roads
- Parking lot layout
- All existing structures
- Proposed location of any temporary tents/structures and label distance to all property lines

Permits Requested		Plans Submitted	Plans to be Submitted	Contractor	Cost of Work	Permit Fees
<input type="checkbox"/>	Building	<input type="checkbox"/>	<input type="checkbox"/>		\$	\$
<input type="checkbox"/>	Electrical	<input type="checkbox"/>	<input type="checkbox"/>		\$	\$
				Total Project Cost	\$	\$
					Fire Fee	\$
					Zoning Fee	
					Weekend Inspection Fee	
					4% Technology Fee	\$
<input type="checkbox"/>	City Co-Sponsored				Total Fee	\$

By signing this form below, I, the applicant, acknowledge and understand the requirements of this submittal. I also understand that if any of the above items are not provided with this submittal my project will not be reviewed within the standard (10) day review period.

Owner/Agent Signature	Address	City/State/Zip
Print Name	Phone or Cell	Fax#
E-Mail Address		
Applicant Signature	Address	City/State/Zip
Print Name	Phone or Cell	Fax#
E-Mail Address		

I hereby certify that all information in this application is correct and all work will comply with the State Building Code and all other applicable State and local laws and ordinances and regulations. I will notify the Development Services Center of any changes in the approved plans and specifications for the project permitted herein.