



Rowan County Department of
Planning & Development
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Case # TEMP
Date Filed _____
Received By _____
Amount Paid _____

Office Use Only

===== **TEMPORARY USE PERMIT APPLICATION** =====

OWNERSHIP INFORMATION:

Name: _____
Signature: _____
Phone: _____ Email: _____
Address: _____

APPLICANT / AGENT INFORMATION:

Name: _____
Signature: _____
Phone: _____ Email: _____
Address: _____

PROPERTY DETAILS:

Tax Parcel: _____ Zoning District: _____
Date Acquired: _____ Deed Reference: Book _____ Page _____
Property Location: _____
Size (sq. ft. or acres): _____ Street Frontage: _____
Current Land Use: _____

Surrounding Land Use: North _____
South _____
East _____
West _____

PURPOSE & SECTION:

State purpose of temporary use permit:

Commence date: _____ Ending date: _____

Days / Hours of operation: _____

Cite section(s) of Zoning Ordinance which permit is being requested:

ATTACHED DOCUMENTS:

Applicant must attach a site plan based on information required in Section 21-52 and address criteria found in Section 21-281.

Attached: Yes No

OFFICIAL USE ONLY

1. Signature of Coordinator: _____ 2. Board of Commissioners

Public Hearing: ____ / ____ / ____ 3. Notifications Mailed: ____ / ____ / ____ 4. Property Posted:

____ / ____ / ____ 5. BOC Action: Approved _____ Denied _____ 6. Date Applicant Notified:

____ / ____ / ____
