



TOWN OF COLUMBUS

Columbus Town Hall • PO Box 146 • Columbus, NC 28722 • 828-894-8236 • Fax 828-894-2797

Temporary Use Permit Application

Date: _____	Permit #: _____
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1. Contact Information

Applicant _____

Address _____

City, State, Zip _____

Telephone _____ Fax _____

Property Owner _____

Address _____

City, State, Zip _____

Telephone _____ Fax _____

2. Vendor Information

State Sales Tax Number _____

Have you been convicted of a felony? Yes No

Have you been convicted of a misdemeanor? Yes No

Description of conviction or crime _____

Charitable Organization Tax Exempt Number _____

Date of conviction _____ Place of conviction _____

Date of conviction _____ Place of conviction _____

3. Vendor Wares Information

Please thoroughly describe the type of food, beverages or merchandise to be sold:

If a temporary use permit is granted, I agree to conform to all ordinances of Columbus, NC and the laws of the State of North Carolina regulating such work. _____

Applicant Signature

Print Name

Date

Staff Use Only:

Zoning District: _____

Use Permitted? Yes No

Fee: _____ Paid? Yes No

Located in a Floodplain? Yes No

Certificate Approved? Yes No

Zoning Administrator/ Designee Signature _____ Date _____

4. Site Plan

Number of existing buildings on the property

Number of parking spaces available to patrons

Sketch or attach the layout of the proposed temporary use in relation to any existing buildings or structures on the subject property, and the number of existing parking spaces on the property.

All temporary use permit applications shall be submitted at least seven (7) days prior to the commencement of the temporary use.

Staff Use Only:

