



Town of Aberdeen
Planning & Inspections Department

Office: (910) 944-7024 | Email: Aberdeen.Building@gmail.com



TEMPORARY USE - APPLICATION

ALL sections of this application *MUST* be filled out, or will be deemed incomplete and rejected by the Planning & Inspections Department.

APPLICATION DATE : ___/___/___ **LOCATION / ADDRESS :** _____

PROPERTY OWNER : _____
 Phone Number : _____ Email Address : _____

APPLICANT : _____
 Phone Number : _____ Email Address : _____
 Status of Applicant : Property Owner Tenant Legal Representative Other : _____

TYPE OF TEMPORARY USE PROPOSED (detailed description of use, including location of use on property and equipment used for temporary use) :

TEMPORARY USE REGULATIONS : Ownership Approval Provided ? Yes No **TENT :** Yes No

SPECIFIC TEMPORARY USE TYPES : Construction-Related Use Itinerant Merchant Mobile Food Vendor

Outdoor Seasonal Sales Special Event Dwelling Health Care Structure (NC GS § 160A-383.5)

LCID Landfill Real Estate Office Wireless Telecommunication Facility Other : _____

ACKNOWLEDGEMENT : I hereby certify that all information in this application is correct and all work will comply with the State Building Code and other applicable State and local laws, ordinances and regulations. The Planning & Inspections Department will be notified of any changes in the approved plans and specifications for the project permitted herein. I understand if this application is incomplete, a permit will not be issued and no inspections will be performed on the project. By signing below I attest that I have obtained all property owners permission and subcontractors permission to obtain these permits.

APPLICANT NAME : _____ DATE : ___/___/___

APPLICANT SIGNATURE : _____

OWNER NAME : _____ DATE : ___/___/___

OWNER SIGNATURE : _____