

Town of Fairview

7400 Concord Highway Monroe NC 28110

APPLICATION FOR TEMPORARY PERMIT

Application No: _____ Applicant's Name: _____

Zoning District: _____ Applicant's Address: _____

No. of Attachments: _____

Received By: _____ Date: _____

Application Complete: _____

State Purpose of Temporary Permit: _____

Cite Section(s) of Zoning Ordinance Under Which a Temporary Permit is Being Requested: _____

Description of Property: _____

Property Address: _____

Applicant shall, at the time the application is made, present the entire necessary evidence (maps, drawings, statements, certifications, etc.) showing how the requirements of the controlling section(s) of the Ordinance will be met.

Town of Fairview

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ORDER GRANTING/DENYING TEMPORARY PERMIT

Applicant: _____ Application #: _____

Address: _____

A request for a temporary permit (state the request) _____

reviewed by the Town Administrator or his designee in accordance with provisions of Section 5.8.2 and 9.3 of the Town of Fairview Zoning Ordinance and procedures set forth by the Town Council, was (granted) (denied) on _____. The decision is as follows (state the reason for granting/denying the request and any conditions set forth in the decision):

Ed Humphries

Zoning Administrator

Mayor

Applicant, Zoning Administrator & County Building Inspector Notified _____