



**GALLATIN CODES/PLANNING DEPARTMENT
TEMPORARY USE PERMIT**

Date Submitted: / /	Tax Map #:	Group:	Parcel:	Zone:
Project Name:				
Project Location:				
Applicant:				
Address:				
City:		State:	Zip Code:	
Phone: ()		Contact:		
Fax: ()		Email:		
Property Owner:				
Address:				
City:		State:	Zip Code:	
Phone: ()		Contact:		
Fax: ()		Email:		

Present Use of Property:		
Purpose of Application:		
Description of Proposed Structure and Use of Property:		
Begin Date:	End Date:	Hours of Operation:
Transient Vendors License Issued? <input type="checkbox"/> YES <input type="checkbox"/> NO Business License Issued? <input type="checkbox"/> YES <input type="checkbox"/> NO		Temporary Sign Permit Issued? <input type="checkbox"/> YES <input type="checkbox"/> NO Site Plan Attached? <input type="checkbox"/> YES <input type="checkbox"/> NO
Notes or Special Conditions:		
Applicant's Signature:		Date:
Property Owner's Signature:		Date:
Planning Division Approval:		Date: