



TEMPORARY USE ZONING COMPLIANCE APPLICATION

Code Compliance and Development Office
100 E Windsor St, Westminster, SC 29693-0399
864-647-3200 www.westminstersc.org

PROJECT INFORMATION		
Property Address:	Tax Map Survey #:	Zoning:
	Multi-Tenant Units:	Design Guidelines:
Applicant:	Phone:	Fax:
Mailing Address:	Mobile:	
	E-Mail:	
Physical Address:	City Bus. License:	
Property Owner:	Phone:	Fax:
Mailing Address:	Mobile:	
	E-Mail:	
Physical Address:	City Bus. License:	
ACTIVITY/EVENT DETAIL		
Describe the nature of the activity or event:		
<input type="checkbox"/> Special Activity/Event:		
<input type="checkbox"/> Carnival or circus for a period not to exceed 21 days, subject to approval of City Council.		
<input type="checkbox"/> Religious meeting in a tent or other temporary structure in HC or LI District not to exceed 45 days.		
<input type="checkbox"/> Open lot sale of Christmas trees, in NC, CC, HC, or LI Districts not to exceed 45 days.		
<input type="checkbox"/> Real estate sales office, in any district, not to exceed one year.		
<input type="checkbox"/> Contractor's office and equipment sheds, in any district, not to exceed one-year.		
<input type="checkbox"/> Mobile home (special personal or humanitarian need only) subject to favorable recommendation of the Planning Commission and approval of City Council, not to exceed one-year.		
<input type="checkbox"/> Temporary storage in portable container or building.		
<input type="checkbox"/> Fireworks stand.		
<input type="checkbox"/> Other:		
Set-up/Start Date:	Tear-down/End Date:	
Hours of Operation:		
Outdoor lighting? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe:		
Sound Amplification? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe:		
Security Protection Public/Private? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe:		
Fire Protection? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe:		
Road Closure? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe:		
APPLICATION INFORMATION NEEDED FOR SUBMISSION		
<input type="checkbox"/> SITE PLAN – Show location of the event, parking area, display area, location of fire extinguishers, portable restrooms, etc.		
<input type="checkbox"/> LEASE/CONTRACT – Written lease/contract to occupy premises for the above referenced dates and times and expressed purpose.		
<input type="checkbox"/> OTHER:		

CERTIFICATION

By signing this application,

- I certify that I am an authorized agent for the individual(s), organization, or company performing the activity/work stated above, and that all the information provided is true and accurate.
- I understand if any information is found to be incorrect or falsely stated, this permit may be voided, and I may be responsible for violation of any and all related laws and ordinances.
- I certify there are no recorded deed restrictions or restrictive covenants that apply to this property which are contrary to, conflict with, or prohibit the permitted activity being requested.
- I understand that Temporary Uses are of limited duration and are special events which do not negatively impact adjacent properties, and such uses are discontinued upon the expiration of a set time period. Temporary uses and special events do not involve the construction or alteration of any permanent building or structure.
- All temporary uses shall be in compliance with all Laws and Ordinance of the City of Westminster.

Signature of Applicant	Printed Name and Title of Applicant	Date
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Signature of Owner/Authorized Agent	Printed Name and Title	Date
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NOTARY OF PUBLIC
STATE OF SOUTH CAROLINA, COUNTY OF OCONEE.

The undersigned authority personally appeared _____
_____ before me who swears or affirms that he/she/they is/are the Applicant and/or
Owner/Authorized Agent of Owner.

Subscribed and sworn to before me this _____ day of _____, 20____

SEAL

OFFICE USE ONLY

Action: Denied Approved Approved subject to obtaining and complying with a valid _____ Permit

Conditional Approval/or Exemption: _____

Comments: _____

Permit Fee: \$ _____ Receipt #: _____ Authorized By: _____