

Chief Executive Officer  
Lorraine Cochran-Johnson

**DEPARTMENT OF PLANNING & SUSTAINABILITY**

Director  
Juliana A. Njoku

**Special Administrative Permit (SAP)**

**TEMPORARY BUILDING**

Address of Subject Property: \_\_\_\_\_

(If no address): District: \_\_\_\_\_ Land Lot: \_\_\_\_\_ Block: \_\_\_\_\_ Parcel: \_\_\_\_\_

Applicant Name: \_\_\_\_\_

Daytime Telephone No.: \_\_\_\_\_ E-mail: \_\_\_\_\_

Permit Duration: (From) \_\_\_\_/\_\_\_\_/\_\_\_\_ (To) \_\_\_\_/\_\_\_\_/\_\_\_\_ Total # Days: \_\_\_\_\_  
(From) \_\_\_\_/\_\_\_\_/\_\_\_\_ (To) \_\_\_\_/\_\_\_\_/\_\_\_\_ Total # Days: \_\_\_\_\_  
(From) \_\_\_\_/\_\_\_\_/\_\_\_\_ (To) \_\_\_\_/\_\_\_\_/\_\_\_\_ Total # Days: \_\_\_\_\_

Type of Temporary Building:

\_\_\_ Caretaker's residence in an industrial district.

\_\_\_ Sales office for a subdivision currently under development.

\_\_\_ Temporary building used in conjunction with construction work or pending completion of a permanent building for a period concurrent with an approved land disturbance and building permit.

I, \_\_\_\_\_ agree to abide by the requirements of Art.4.3.7 of the code.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

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**SECTION BELOW TO BE COMPLETED BY OFFICE**

Zoning Classification: \_\_\_\_\_

***The proposed temporary building is allowed as per Section 27. 4.3.7 \_\_\_\_\_.***

Permit Duration: (From) \_\_\_\_/\_\_\_\_/\_\_\_\_ (To) \_\_\_\_/\_\_\_\_/\_\_\_\_ Total # Days: \_\_\_\_\_  
(From) \_\_\_\_/\_\_\_\_/\_\_\_\_ (To) \_\_\_\_/\_\_\_\_/\_\_\_\_ Total # Days: \_\_\_\_\_

\_\_\_\_\_  
Staff Signature Date

## AUTHORIZATION

Date: \_\_\_\_\_

(I), (WE), \_\_\_\_\_  
Name of Owner(s)

Name of Applicant or Representative

to file an application on (my), (our) behalf.

Notary Public	Owner
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Notary Public	Owner
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Notary Public	Owner
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Notary Public	Owner
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