

Chief Executive Officer

DEPARTMENT OF PLANNING & SUSTAINABILITY

Director

Lorraine Cochran-Johnson

Juliana Njoku

Special Administrative Permit (SAP)

Temporary Outdoor Uses				
Address of Subject Proper	ty:			
(If no address): District: _	Land Lot:	Block:	Parcel:	
Applicant Name:				
Daytime Telephone No.: _		E-mail:		
Permit Duration Requested	d per guidelines of the O	Ordinance:		
	(From) / / (From) / / (From) / /	(To)/_ (To)/_	/ Hours:	
Type of Sales or Event:				
Temporary Outdoor Seaso standards of 4.3.1, 4.3.2,		of holiday-related m	nerchandise, farm produce) Must meet the	
Temporary Outdoor Retai business) Must meet the st			nd merchandise associated with existing	
Temporary Outdoor Event invited) Must meet the star	,		ent, or similar event to which the public is	
Charitable/Non-profit Eve	ent Must meet the standa	rds of 4.3.1 and 4.3.	.2.	
Temporary Produce Stand	l Must meet the standard	ds of 4.3.1 and 4.3.2.		
I, agree to abide by the rec	quirements of Article 4.3	of the DeKalb Cou	anty Code.	
Applicant Signature			Date	
SECTION BELOW TO B	E COMPLETED BY O	FFICE (approval pe	er Ordinance)	
Zoning Classification (inc	lude conditions if any):			
Staff Signature:			Date:	



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AUTHORIZATION

The property owner should complete this form or a similar (company's letterhead) signed and notarized form if the individual who will the application with the County is not the property owner.

Date:		
TO WHOM IT MAY CONCERN:		
(I), (WE),	Name of Owner(s)	
being (owner) (owners) of the subject property d	escribed below or attached hereby delegate authority to	
Name of Applicant or Representative to file an application on (my), (our) behalf.		_
Notary Public Owner		