

Chief Executive Officer
Lorraine Cochran-Johnson

DEPARTMENT OF PLANNING & SUSTAINABILITY

Director
Cedric Hudson

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

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

DEPARTMENT OF PLANNING & SUSTAINABILITY

AUTHORIZATION

The property owner should complete this form or a similar signed and notarized form if the individual who will file 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 described below or attached hereby delegate authority to

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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