



Temporary Use Application

20 Interchange Drive, Administration Bldg.
Savannah, GA, 31415

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www.savannahga.gov/planning

THIS ORIGINAL DOCUMENT MUST BE LOCATED AT THE ADDRESS BELOW AND MUST BE AVAILABLE FOR REVIEW BY ANY CITY OFFICIAL OR POLICE OFFICER.

PROJECT ADDRESS: _____

TEMPORARY USE REQUEST: _____

Please provide any additional documentation that will help clarify your request.

PROPERTY/BUSINESS OWNER: _____

BUSINESS NAME (D/B/A): _____

ADDRESS: _____

PHONE/EMAIL: _____

DATES FROM: _____ **To:** _____

TIMES FROM: _____ a.m./p.m. **To:** _____ a.m./p.m.

If necessary, please provide additional documentation regarding dates and times.

PLEASE INITIAL:

- _____ I understand that the proposed use is temporary for the ONLY above location;
- _____ I understand that all my activity will be conducted entirely on private property;
- _____ I understand that my activity will be conducted ONLY between the dates and hours of operation as specified above;
- _____ I understand that any violation of these conditions will result in revocation of this approval, including any balance of dates.

PLEASE SUBMIT:
<input type="checkbox"/> DETAILED DESCRIPTION OF TEMPORARY USE
<input type="checkbox"/> OWNER PERMISSION LETTER
<input type="checkbox"/> SITE LAYOUT/DIAGRAM IDENTIFYING SETUP LOCATION

SIGNATURE: _____

Office use only

Zoning District: _____ Use: _____

Acres/Square Feet of Property: _____

Property/Business Owner Letter Attached: _____

Any other Temporary Uses on Property: _____

Original Business Acceptance File No: _____

Comments: _____

APPROVAL STAMP
APPROVED BY: _____

Circle one: Outdoor religious services Vendor Seasonal plants and/or produce Fireworks Other: _____