

**City of Essex Junction, VT
Temporary Use Application**

For Office Use: Permit #

Property description (address) for application _____

General information

Applicant _____ Day Phone# _____

Address _____

Email Address _____

Owner of Record (attach affidavit if not applicant)

Applicant _____ Day Phone# _____

Address _____

Email Address _____

Property information

Zoning District _____ Current land use _____ Tax Map Page# _____ Lot # _____

Purpose of application. Please include information about proposed use, duration, parking, and other relevant material: _____

Proposed schedule (date range): from _____ to _____

Please attach a site plan indicating parking layout, location of use, distance from property lines, location of signs

Size and number of signs _____

Describe any impacts on public services (including fire & Police) _____

I certify that the information on this application is true and correct. I agree to abide by all the rules and regulations as specified in the land development code. I further agree to abide by any conditions placed upon approval of this application.

Applicant _____

Date _____

Land Owner (if different) _____

Date _____

Staff Action

Date received _____

Approved _____ Denied _____

Other approvals/conditions _____

Staff Signature _____

Date _____

**** Fee based on current Fee Schedule**

Fee Amount: **

