CITY OF SIMPSONVILLE
TEMPORARY USE SUPPLEMENTAL FORM

SITE/PROPERTY LOCATION:

Property Address: _____ Tax Map Number: _____

APPLICANT: _____

Mailing Address: _____ City, State, Zip: _____

Phone Number: _____ E-mail Address: _____

PROPERTY OWNER (if different from Applicant): _____

Mailing Address: _____ City, State, Zip: _____

Phone Number: _____ E-mail Address: _____

Name of the Business/Activity: _____

Type of Temporary Use (please check one):

- ☐ Outdoor Sales/Display of Goods
- ☐ Other: _____

Do You Have a Storefront at This Same Location?

- ☐ Yes
- ☐ No

Temporary Use Description (be specific): _____

_____

_____

_____

Begin Date of Activity: _____ End Date of Activity: _____

Submittal Checklist*:

- ☐ Signed Written Agreement with the Property Owner (indicate days and hours of operation, specific location, and start and end dates)
- ☐ Site Plan/Drawing That Indicates the Exact Location of the Activity
- ☐ Indication of the Availability of Restrooms for Employees and Customers

*Staff reserves the right to request additional information and/or materials as necessary

I do hereby certify that the information provided herein is correct and that I understand the City of Simpsonville's regulations pertaining to temporary uses including the following:

- I need to obtain a business license from the City of Simpsonville before I begin my activity.
- I cannot make any permanent changes to the site.
- I cannot set up within or occupy any landscaped areas and buffers.
- I cannot set up within or occupy any drive aisles, loading zones, or fire lanes.
- If I set up on a sidewalk or walkway, I need to keep 5 feet clear for pedestrians.
- I shall not operate or conduct my activity within the parking lot area for longer than 30 days.
- I understand that 30 days must elapse before I will be eligible to be re-established within the City.
- I understand that I must obtain a Zoning Permit for each time and place that I establish my temporary use.
- I will not erect any signage without verifying the City of Simpsonville's signage regulations with the appropriate Planning & Zoning staff.

_____	_____	_____
Signature	**Printed Name**	**Date**

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