



TEMPORARY USE PERMIT
 Marion County Growth Services
 2710 E. Silver Spring Blvd.,
 Ocala, Florida 34470
 (352) 438-2675 or (352) 438-2676 fax

**Tent Permit Number
 (if applicable):**

TU - MS #

Applicant's Name/Business: _____ Phone Number: _____

Applicant's Address: _____

Proposed Use: _____

Signature of Property Owner(s): _____

DATE OF SALES EVENT: FROM _____ TO _____

ZONING	PARCEL NUMBER(S)	EVENT ADDRESS
1. _____	_____	_____

A COPY OF THIS PERMIT IS TO BE RETAINED ON SITE

ATTACH WRITTEN APPROVAL LETTER OR LEASE FROM OWNER

COMPLETE ATTACHED SITE PLAN

SIGNAGE INDICATING THE EVENT MAY REQUIRE TEMPORARY SIGN PERMIT(S) IN ADDITION TO THIS PERMIT AND MAY BE OBTAINED FROM THE ZONING DEPARTMENT

THE DRIVEWAY APRON MUST BE PERMITTED AND CONSTRUCTED TO THE APPROPRIATE AGENCIES SPECIFICATION

THE ZONING DIRECTOR MAY STIPULATE ANY SPECIAL CONDITIONS OR RESTRICTIONS CONSISTENT WITH THE PRESERVATION OF THE PUBLIC HEALTH, SAFETY, OR WELFARE

There is a \$50 fee for this Temporary Use Permit.

APPROVED BY: _____ / _____
 (Growth Services Director or Designee) (DATE)

APPROVED BY: _____ / _____
 (DEPARTMENT OF HEALTH) (DATE)

APPROVED BY: _____ / _____
 (FIRE MARSHALL, IF APPLICABLE) (DATE)

SITE PLAN

NOTICE: ALL EXISTING AND PROPOSED IMPROVEMENTS, INCLUDING LOCATION OF WELL, SEPTIC TANK, ELECTRIC POLE, STREETS AND DRIVEWAYS, AND DIMENSIONS OF PROPERTY ARE TO BE DRAWN ON THE SITE PLAN. SETBACKS FROM ALL PROPERTY LINES MUST ALSO BE SHOWN.



As the applicant for the above property, I _____,
certify that the information given above is correct to the best of my knowledge.