



SANDY SPRINGS™
GEORGIA

TEMPORARY USE PERMIT APPLICATION

TYPE OF PERMIT (CHECK ONE)	
For submittal requirements for each permit type, see attached checklists	
<input type="checkbox"/> Temporary Office (7.9.7.)*	<input type="checkbox"/> Cell on Wheels (COWs) Antenna (7.9.2.)
<input type="checkbox"/> Temporary Structure (7.9.9.)*	<input type="checkbox"/> Goat/Sheep Yard Maintenance (7.9.4.)
<input type="checkbox"/> Manufactured Home (7.9.1.A.)*	<input type="checkbox"/> Donation Bin or Trailer (7.9.3.)
<input type="checkbox"/> Model Home (7.9.5.)*	<input type="checkbox"/> Temporary Fireworks Retail Sales (7.9.8.)
*: A building permit will be required for these uses	

ADMINISTRATIVE FEES	
All Temporary Use Permits	\$50
Site Inspection (if applicable)	\$75 each
<i>Please be advised, Fire Department and Health Department Approval may be required. To schedule a Fire Dept Inspection, please call 770-730-5600. Fulton County Health Department is 404-332-1808.</i>	

APPLICANT'S INFORMATION		
Name of Business or Applicant:		
Business License # and City/State where issued:		
Address of Use:		
City:	State:	Zip:

Business or Applicant Address:		
City:	State:	Zip:
Representative Name (24-Hour Contact):		
Phone #:	Email:	Fax #:

CONTRACTOR'S INFORMATION		
Contractor's Name:		
Agent Name:		
Contractor Address (If other than above):		
City:	State:	Zip:
Contractor Phone:	Cell/Home Phone:	Fax Phone:
Email:	Business License #:	Trust Account #:



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OWNER'S AFFIDAVIT

Pursuant to the Sandy Springs Development Code, written, notarized, permission from the owner of the property upon which the event is proposed along with an application for said Permit including a 24-hour contact telephone for the owner must be provided. In addition, the owner and applicant must ensure and commit to compliance with the standards established by the Sandy Springs Development Code for the specific application being filed.

I do hereby certify, under oath, the Applicant has been made aware of and will comply with all of the standards and requirements of the Sandy Springs Zoning Ordinance by which the above stated business/event/activity is regulated.

Name of Owner:

Address:

City:

State:

Zip:

24-Hour Contact Number:

Owner's Signature:

Sworn and Attested before me this _____ day of _____ 20_____.

Notary Public: _____.

Seal:



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SITE PLAN REQUIREMENTS

- Project name and address, subdivision name and lot number (if applicable), land lot, district, and zoning.
- Key and/or legend and site location map with North arrow and scale of drawing.
- Street address
- Boundary of subject property and location of any existing/proposed structures and parking areas

ADDITIONAL REQUIREMENTS

- On a separate sheet, provide a narrative describing the proposed temporary use ensuring compliance with the appropriate requirements for the specific use outlined in Div. 7.9.
- Refer to Div. 7.9. and Sec. 11.5.5 of the Development Code for more requirements assigned to the specific use.