



TEMPORARY USE & SIGN PERMIT
Clay County Planning & Zoning

FEES: (Non-Refundable)		
TEMPORARY SIGN (max. 12 sq. ft.) \$50	\$	Applicant: _____
TEMPORARY USE \$50	\$	Address: _____
		Telephone: H) _____
		B) _____
		C) _____
TOTAL:	\$	FAX: _____
		E-Mail: _____

NOTE: The Fee Total must accompany this application, by check or money order payable to the "Clay County Treasurer"

Present Zoning: _____

Name of Subdivision or
Legal Description: _____

Description of Use: _____

Time Schedule (see attached): _____

Description/size of any structure
involved in use: _____

(Attach Owner's Authorization if Applicant is different from Owner. If Owner is a Corporation, Applicant or person signing Owner's Authorization must be an officer of corporation and must attach certification of corporate office held, to this application.)

Property Owner's Name
(if different than Applicant): _____

Property Owner's Address: _____

Property Owner's Telephone: H) _____ B) _____
C) _____ F) _____

All required items *must* be submitted with this application, or the application may be rejected.
 (See attached information about Temporary Uses (see Sec. 151-12.8(H) and 151-6.4))

Applicant stipulates that all information provided herein is true and correct to his or her best of knowledge and belief, and the property owner has given proper authorization.

Applicant's Signature: _____ Date: _____

OFFICE USE ONLY: TUP# _____ Check # _____ Date: _____

Planning & Zoning Official *Date Approved*