

BOTETOURT COUNTY DEVELOPMENT SERVICES

Temporary Use Permit Application

5 West Main Street, Suite 100 ♦ Fincastle, VA 24090 ♦ 540.928.2080

\$25.00 fee

Name of property owner:	
Address of property owner:	
Phone number of property owner:	
Name of operator:	
Address of operator:	
Phone number of operator:	

Tax Parcel #		Proposed use:	
Date of operation:		Hours of operation:	
Lighting:		Signage (Sign permit required)	
Waste Disposal:		Restroom facilities:	

**Note: Signature(s) of property owner(s) and operator(s) must be notarized.
Original signatures required.**

Signature for Approval of Temporary Use Permit

Nicole Pendleton, AICP, CFM, Zoning Administrator

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As property owner, I _____ grant
Name of property owner(s)

_____ permission to operate
Name of operator(s)

the above- requested temporary use of my property. By my/our notarized signature(s), it is understood that I/we will comply with the requirements for a Temporary Use Permit.

Signature and printed name of property owners Date

Signature and printed name of property owners Date

Signature and printed name of operator Date

Signature and printed name of operator Date

State of _____

County/City of _____ to Wit:

The foregoing instrument was acknowledged before me this _____ day of _____ 2____ by

Printed name of property owners

My commission expires: _____ Date

Notary Public printed name(s) Notary Public signature

State of _____

County/City of _____ to Wit:

The foregoing instrument was acknowledged before me this _____ day of _____ 2____ by

Printed name of operator(s)

My commission expires: _____ Date

Notary Public printed name(s) Notary Public signature