



Zoning Use Permit Application –  
 Temporary Accessory Structures  
 (Plot Plan Required)

Street # \_\_\_\_\_ N,S,E,W \_\_\_\_\_ Street Name \_\_\_\_\_ AV, RD, ST, etc. \_\_\_\_\_ Suite \_\_\_\_\_

Project/Subdivision Name: \_\_\_\_\_ Phase: \_\_\_\_\_ Section: \_\_\_\_\_

**Articles 9.37.3 Temporary Uses and Structures, Including Seasonal Markets**

.3 Temporary accessory structures, including but not limited to, school mobile classrooms and temporary offices placed on development sites during construction and sale of buildings, are permitted for up to a maximum of two years, renewable thereafter in one year increments, upon the issuance of a temporary use permit by the Zoning Administrator. Such structures shall meet the standards for building and lot type to the extent practicable, given the location of existing buildings and improvements on the site and location of permitted of construction areas. Temporary structures associated with construction projects shall be removed upon completion of construction.

Current Property Use(s):	<hr/> <hr/> <hr/> <hr/>
Description of Proposed Use(s):	<hr/> <hr/> <hr/> <hr/>

**Applicant**

Printed Name \_\_\_\_\_ Phone \_\_\_\_\_

Corporation  Limited Liability Company  Trust  Partnership  Other: \_\_\_\_\_

By signature below, I hereby acknowledge, as/on behalf of (circle one) the applicant the use will comply with all regulations of Article 9.37.3 as related to the above use as indicated within the Town of Huntersville Zoning Ordinance.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Title \_\_\_\_\_ Email \_\_\_\_\_

Address of Applicant \_\_\_\_\_

**Property Owner (if different than applicant)**

Printed Name \_\_\_\_\_ Phone \_\_\_\_\_

Corporation  Limited Liability Company  Trust  Partnership  Other: \_\_\_\_\_

By signature below, I hereby acknowledge, as/on behalf of (circle one) the applicant the use will comply with all regulations of Article 9.37.3 as related to the above use as indicated within the Town of Huntersville Zoning Ordinance.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Title \_\_\_\_\_ Email \_\_\_\_\_

Address of Property Owner \_\_\_\_\_

\* Property owner hereby grants permission to the Town of Huntersville personnel to enter the subject property for any purpose required in processing this application.

If signed by an agent on behalf of the Owner, this application MUST be accompanied by a notarized Limited Power of Attorney signed by the property owner (s), specifically authorizing the agent to act on the owner (s) behalf in signing this application. Failure of each owner, or their duly authorized agent, to sign, or failure to include the authority of the agent signed by the property owner, will result in an INVALID APPLICATION. **If additional space is needed for signatures, attach the Town of Huntersville Signature Addendum Form.**

**For Planning Department Use Only**

Parcel ID: \_\_\_\_\_ Zoning: \_\_\_\_\_  Huntersville  Mecklenburg

Minimum Setbacks: Front \_\_\_\_\_ Left Side \_\_\_\_\_ Right Side \_\_\_\_\_ Rear \_\_\_\_\_ Corner Lot

Lot#: \_\_\_\_\_ Map#: \_\_\_\_\_ Page#: \_\_\_\_\_ Req'd Parking#: \_\_\_\_\_ Screening \_\_\_\_\_

Mecklenburg County Health Department Approval \_\_\_\_\_ Plot Plan \_\_\_\_\_ Zoning Inspection \_\_\_\_\_

Remarks: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Approved By	Date Approved