



Zoning Use Permit Application –
 Temporary Storage Containers
 (Plot Plan Required)

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

Project/Subdivision Name: _____ Phase: _____ Section: _____

Articles 9.37.4 Temporary Uses and Structures, Including Seasonal Markets

4. Temporary Storage Containers are permitted as temporary accessory use for residences, when not associated with new construction, subject to the following:
 (construction addressed in Section 9.37.3)
- (a) Temporary storage containers shall be removed within thirty days of being placed on a lot and shall not be replaced for six months from the date of removal. Temporary storage containers may be placed on a property twice during a twelve-month period.
 - (b) The temporary storage container cannot be located in a street right of way.
 - (c) The temporary storage container shall not be placed in required parking spaces.

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 9.37.4 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 9.37.4as 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