PUTNAM COUNTY ZONING PERMIT APPLICATION

FOR TEMPORARY USE

If an item below does not apply to you, write "not applicable" (NA)

APPLICANT	NAME	TELEPHON	TELEPHONE		
	FAX: CELL:	EMAIL:			
	ADDRESS (Street No. and Name)	(City)	(State)	(Zip Code)	
BUSINESS OWNER (if same as	NAME	TELEPHON	E		
applicant, write same)	FAX: CELL:	EMAIL:			
	ADDRESS (Street No. and Name)	(City)	(State)	(Zip Code)	
PROPERTY	NAME	TELEPHON	'E		
OWNER (if same as applicant, write same)	FAX:CELL:	EMAIL:			
	ADDRESS (Street No. and Name)	(City)	(State)	(Zip Code)	
GENERAL CONTRACTOR (only if new construction	NAME				
applies) FOR OPI USE ONLY: □ Valid Contractor License on file. Verified by:	FAX: CELL:	EMAIL:			
	ADDRESS (Street No. and Name)			(Zip Code)	
	WV CONTRACTOR LICENSE NUMBER				
PROPOSED PROJECT					
ESTIMATED DATE OF COMPLETION:					
SITE INFORMATION	Site Address: (Street No. and Name)	(City)	(State)	(Zip Code)	
	Primary/County Road Access:				
	Directions to Site:				
	TAX MAP PARCEL NUMBER				

REQUIREMENTS TO SCHEDULE PUBLIC HEARING FOR TEMPORARY USE PERMIT:

- Applicant shall provide a list of property owners' names, addresses and tax map and parcel numbers for property owners within 250 feet of the property. (Property list may be established from the Putnam County Assessor's maps. If the list includes a lot within a subdivision, the applicant must include the name and address of the president for that subdivision's homeowners association.)
- 2. Applicant shall submit BLANK stamped envelopes for the number of property owners established on the above list. (Property list may be established from the Putnam County Assessor's maps and addresses).
- 3. Temporary Use Permit application must be filed with the Office of Planning and Infrastructure by deadline date to advertise the public hearing for the next available meeting date. Call 586-0237 for deadline date.
- 4. Fee is \$100.00 for Temporary Use Permit and must be paid when this application is submitted.
- 5. Completion of page 3 of this application, "Disclosure Statement".

The applicant hereby consents to the provisions of the Zoning Ordinance.									
	nts contained in				depose	e and say th	nat all of the	e above sta	tements and
 Check A			□ Property (-	re (Check □ Other - L		
OPI OFF	FICE USE:								
	FEE: AMOUNT PAID: DATE PAID:	\$100.00		CASH: RECEIPT #: INVOICE #:		ECK: 🗆	CHECK #:		
ZONING	DISTRICT		TAX MAI	Ρ		PARCE	EL		
FEMA C	OMMUNITY PANE	EL				FLOOD ZO	NE		
СОММЕ	NTS:								
SEE A	TTACHMENT F	FOR CONDIT	IONS						
DATE O	F APPROVAL: _			_ DEVEL	OPMEN	T/ZONING I	PERMIT #: _		
_	PERM	IIT OFFICER							

DISCLOSURE STATEMENT

Your application to the Office of Planning and Infrastructure may require that your requested action be brought before the Putnam County Board of Zoning Appeals or the Putnam County Planning Commission. These two entities are comprised of Putnam County residents.

In order to determine if a current member of either the Putnam County Planning Commission or the Putnam County Board of Zoning Appeals may have a potential conflict of interest with your application, please provide the Office of Planning and Infrastructure with the following information. State law requires that a member of either board recuse himself/herself from the proceedings if a conflict of interest exists. Thank you for your cooperation.

Name of Petitioner(s)	Phone:	
Names of ALL Principal Partners, if Petitioner is a business entity:		
Address:		
Project:		
Name of Financial Institution financing this project:		
Name of Project Engineer/Firm:		
Name of Project Architect/Firm:		
Name of Project Realtor/Firm:		
Name of Building Materials Supplier/Firm:		
Name of Developer/Development Firm:		