



Temporary Use Application

5515 Abercorn Street ~ Savannah, GA 31405
P.O. Box 1027
Savannah, GA 31402-1027
Phone: 912-525-2783 Fax: 912-525-1562
www.savannahga.gov

THIS ORIGINAL DOCUMENT MUST BE LOCATED AT THE ADDRESS BELOW AND MUST BE AVAILABLE FOR REVIEW BY ANY CITY OFFICIAL OR POLICE OFFICER.

PROJECT ADDRESS: _____

ACTIVITY/EVENT: _____

NAME OF VENDOR: _____

BUSINESS NAME (D/B/A): _____

ADDRESS: _____

PHONE/EMAIL: _____

DATES FROM: _____ **TO:** _____

FROM: _____ **TO:** _____

FROM: _____ **TO:** _____

FROM: _____ **TO:** _____

TIMES FROM: _____ **am/pm TO:** _____ **am/pm**

PLEASE INITIAL:

_____ I understand that the proposed use is temporary for the ONLY above location;

_____ I understand that all my activity will be conducted entirely on private property;

_____ I understand that my activity will be conducted ONLY between the dates and hours of operation as specified above;

_____ I understand that Fire Marshal must approve location as part of this process.

_____ I understand that any violation of these conditions will result in revocation of this approval, including any balance of dates.

PLEASE SUBMIT
 OWNER PERMISSION LETTER
 SITE LAYOUT/DIAGRAM
IDENTIFYING SETUP LOCATION

VENDOR SIGNATURE: _____

Office use only

Zoning District: _____ Use: _____

Acres/Square Feet of Property: _____

Property/Business Owner Letter Attached: _____

Any other Temporary Uses on Property: _____

Original Business Acceptance File No: _____

Comments: _____

APPROVAL STAMP

APPROVED BY: _____

Circle one: Outdoor religious services Vendor Seasonal plants and/or produce Fireworks Other: _____