



Town of Waynesville
Development Services Department
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Temporary Use Permit

BUSINESS NAME: _____

BUSINESS OWNER NAME: _____

ADDRESS: _____

PHONE/CELL: _____

EMAIL: _____

NAME/PHONE OF ALTERNATE CONTACT IN CASE OF EMERGENCY: _____

TYPE OF TEMPORARY USE: _____

LOCATION OF USE ADDRESS OR PIN NO.: _____

START DATE: _____ END DATE: _____

DESCRIPTION OF SCHEDULE: _____

REQUIREMENTS ATTACHED: WRITTEN PERMISSION OF PROPERTY OWNER:

COPY OF HEALTH DEPARTMENT PERMIT OR CONCURRENCE (If applicable):

PUBLIC LEASE/ENCORACHMENT AGREEMENT (If applicable):

OTHER: _____

APPLICANT SIGNATURE: _____ DATE: _____

TOWN OFFICIAL SIGNATURE: _____ DATE: _____

OFFICE USE ONLY: Fee Paid: _____ Date: _____