



Temporary Use Permit Application

Staff Use Only Date: _____ Application No. _____

Edgecombe County Planning Department
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 Tarboro, NC 27886

Visit us at our web site:
www.edgecombecountync.gov

APPLICANT: _____

ADDRESS: _____

TELEPHONE: _____ EMAIL: _____

APPLICANT: _____
 (Print name) (Signature) (Date)

PROPERTY OWNER: _____

ADDRESS: _____

TELEPHONE: _____ EMAIL: _____

OWNER: _____
 (Print name) (Signature) (Date)

TEMPORARY USE INFORMATION

LOCATION: _____

PARCEL IDENTIFICATION NUMBER(S): _____

ZONING DISTRICT: _____ TOTAL ACREAGE: _____

EVENT/TYPE OF USE: _____

TEMPORARY USE DESCRIPTION: _____

DURATION OF TEMPORARY USE: - BEGIN DATE: _____ END DATE: _____

Note: Review Section 2.3.23 for specific regulations and procedures.