

CHARTER TOWNSHIP OF BRIGHTON

4363 Buno Road Brighton MI 48114
810-229-0562 Fax 810-229-1778

TEMPORARY USE PERMIT

FEE: \$100.00

Date _____ Permit No. _____

Owner _____

Address _____

Phone _____ Cell _____

Contractor _____

Address _____

Phone _____ Fax _____

Address _____ City _____ Zip _____

Property Location _____

Tax ID # 12- _____ **Acreage** _____ **Zoning District** _____

Describe the nature of the Temporary Use _____

Duration of the Temporary Use _____ (be precise)

Will extra security be required? _____ **If not, please explain why** _____

THE FOLLOWING INFORMATION WILL BE REQUIRED:

- **A scaled plot plan (legible) showing the following: dimensions of property; location of the temporary use on the property; all roads adjacent to said property; easements; wetlands; lakes & streams, all structures, restroom facilities; and existing parking conditions (with barrier free, handicapped accessibility shown).**
- **Free standing signage: attach sketch showing dimensions of sign**
- **Wall sign: the façade to which it will be attached.**
- **Proof of ownership of property and proof of liability insurance (if applicable).**

I hereby certify that all information and data attached to and made part of this application are true and accurate to the best of my knowledge. I understand that there may be deed restrictions that apply to this project that are not under the regulations of the Charter Township of Brighton Zoning Ordinance. Private covenants and restrictions are potentially enforceable by private parties. This Temporary Use Permit is only valid for the time period shown on the permit.

Applicant Signature _____ Date _____

For Township Use Only

Approved

Not Approved

Approved with Conditions

Zoning Administrator _____

Date _____

FEES*: _____

Receipt Number: _____

*Should the Township incur additional costs in the process of permitting a temporary use, said costs will become the responsibility of the applicant.
