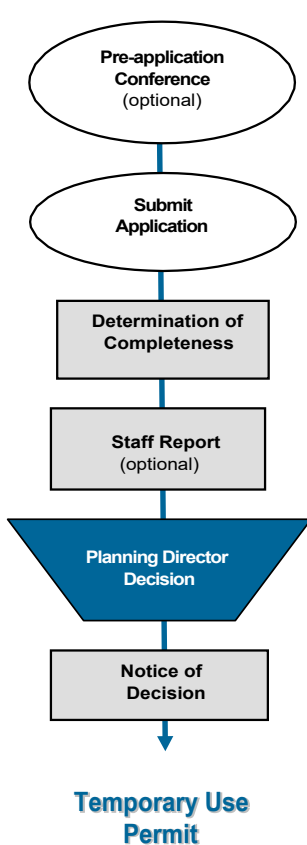




# Temporary Use Permit Review Process



## Contact Information

Currituck County Phone: 252-232-3055  
Planning and Inspections Department  
153 Courthouse Road, Suite 110  
Currituck, NC 27929

Website: <http://www.currituckcountync.gov/planning-zoning/>

Email: [ccpz@currituckcountync.gov](mailto:ccpz@currituckcountync.gov)

## Step 1: Application Submittal and Acceptance

This permit allows for the establishment of certain temporary uses of limited duration and special events. Temporary uses shall not involve the construction or alteration of any permanent building or structure. Temporary structures or uses that require a building permit are not required to submit a temporary use permit application prior to submitting a building permit application.

The applicant must submit a complete application packet consisting of the following on a USB flash drive or a compact disc (CD) if not using the online permitting service:

- Completed Currituck County Temporary Use Permit Application.
- Any other documentation/site plan deemed necessary by the administrator.
- For Special Events:
  - Application Fee (\$50) – *waived for nonprofit events.*
  - A site plan drawn to scale including the items listed in the temporary use permit design standards checklist.
- For Temporary Tents:
  - Application Fee Residential (\$100) Commercial (\$200)
  - A site plan that includes all existing structures and vehicular use areas, location of proposed tent(s), proposed vehicular use areas, and proposed setbacks from property lines.

## Step 2: Staff Review and Action

Once an application is determined complete, it will be distributed to all appropriate staff/review agencies for review and comment. A Temporary Use Permit shall be approved on a finding that the applicant demonstrates the proposed temporary use, temporary structure, or special event complies with the relevant standards in section 4.4 Temporary Use Standards. Once all requirements are met and permit fees are paid the permit will be issued. Approved permits must be signed by the owner or applicant.

The following temporary tents are subject to review by the fire prevention team (Planning and Inspections Department, EMS/Fire Marshal, Local Fire Chief(s), and Sheriff's Department):

- Temporary tents open on all sides that exceed 1800 square feet (aggregate area).
- Wall style tents that exceed 800 square feet.
- Inflatable style tents (i.e. children's moon walk) that exceed 400 square feet.

This page left blank for formatting purposes.



# Temporary Use Permit Application

## Contact Information

APPLICANT:

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

PROPERTY OWNER:

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

LEGAL RELATIONSHIP OF APPLICANT TO PROPERTY OWNER: \_\_\_\_\_

## Property Information

Physical Street Address: \_\_\_\_\_

Parcel Identification Number(s): \_\_\_\_\_

Existing Land Use of Property: \_\_\_\_\_ Flood Zone: \_\_\_\_\_

(Temporary uses or structures in a special flood hazard area shall not remain on site for more than three months)

## Please check the applicable use below:

- |   |   |
|---|---|
| <input type="checkbox"/> Construction Related Activities for New Construction (offices, storage, parking, etc.) | <input type="checkbox"/> Temporary Campground   |
| <input type="checkbox"/> Expansion or Replacement of Existing Facilities (offices, residences, etc.)            | <input type="checkbox"/> Temporary Keeping of Livestock   |
| <input type="checkbox"/> Garage or Yard Sales   | <input type="checkbox"/> Portable Shipping Container  |
| <input type="checkbox"/> Outdoor Seasonal Sales   | <input type="checkbox"/> Temporary Tent (complete top of page 4I)                                     |
| <input type="checkbox"/> Real Estate Sales Office/Model Sales Home  | <input type="checkbox"/> Special Event (complete requested information on page 4 of this application) |

## • Temporary Use Information

Please provide a detailed description of the proposed temporary use or special event:

\_\_\_\_\_  
\_\_\_\_\_

Temporary Provide Timeframe of Temporary Use (if special event provide dates & hours): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Property Owner(s)

\_\_\_\_\_  
Date

**\*NOTE: Form must be signed by the owner(s) of record, contract purchaser(s), or other person(s) having a recognized property interest. If there are multiple property owners/applicants a signature is required for each.**

**• Temporary Tent Information** (complete if requesting a temporary tent)

Vendor Name: \_\_\_\_\_ Contact: \_\_\_\_\_

Vendor Phone: \_\_\_\_\_

Number of Tents: \_\_\_\_\_ Tent Size: \_\_\_\_\_

Will there be a tent used for cooking purposes?  Yes  No

**• Special Event Information** (complete if requesting a special event)

Estimated attendance (include participants and spectators): \_\_\_\_\_

Will there be sound amplification equipment (music or loudspeakers)? \_\_\_\_\_

Will camping be allowed? \_\_\_\_\_

Provide description of Signage (include type & number of signs)\*: \_\_\_\_\_

**\*NOTE: Signage for special events is subject to the requirements in Chapter 5 of the UDO. Signage shall not be placed within a right-of-way.**

**Safety Measures**

- Describe Crowd Control Procedures: \_\_\_\_\_  
\_\_\_\_\_
- Designated Crowd Control Manager: \_\_\_\_\_ Contact # \_\_\_\_\_
- Will safety resources be provided? (Ex. private security) \_\_\_\_\_
- Impact of the event on existing parking areas, streets, highways, and the burden placed upon public agencies for traffic, crowd security, and control: \_\_\_\_\_  
\_\_\_\_\_
- Impact on fire control and prevention including life safety precautions: \_\_\_\_\_  
\_\_\_\_\_
- Provisions for emergency medical services and first aid: \_\_\_\_\_  
\_\_\_\_\_
- How many event staff will be working the event? If shifts, how many on each shift? \_\_\_\_\_  
\_\_\_\_\_

**Sanitary Facilities**

- Provisions for collecting recyclables and collecting and disposing of solid wastes including trash and garbage: \_\_\_\_\_
- Describe what sanitary facilities will be provided. (NOTE: The number of toilets will be determined by the Chief Building Inspector and Environmental Health Department) \_\_\_\_\_  
\_\_\_\_\_
- Describe the number and type of concessions: \_\_\_\_\_  
\_\_\_\_\_

Temporary Use Permit Design Standards Checklist (Special Event)

The table below depicts the site plan design standards of the temporary use permit application for a special event. Please make sure to include all applicable listed items to ensure all appropriate standards are reviewed.

# Temporary Use Permit Design Standards Checklist (Special Event)

Date Received: \_\_\_\_\_

Project Name: \_\_\_\_\_

Applicant/Property Owner: \_\_\_\_\_

Site Plan Design Standards Checklist (Special Event)		
General		
1	Property owner name, address, phone number, and e-mail address.	
2	Site address and parcel identification number.	
3	North arrow and scale to be 1" = 100' or larger.	
4	Vicinity map showing property's general location in relation to streets, railroads, and waterways.	
5	Existing zoning classification and zoning setback lines of the property.	
6	A scaled drawing showing the location of the following existing and proposed items: Boundaries of main event and entire site, buildings, concessions, parking, and traffic circulation (including all access control points and drive aisle widths), medical services, trash and recycling receptacles, sanitary facilities, tents and canopies, camping locations, and fire hydrant locations.	
7	Approximate Flood Zone line and Base Flood Elevation as delineated on the "Flood Insurance Rate Maps/Study Currituck County".	
8	Approximate location of all designated Areas of Environmental Concern or other such areas which are environmentally sensitive on the property, such as Maritime Forest, CAMA, 404, or 401 wetlands as defined by the appropriate agency.	

Temporary Use Permit Submittal Checklist

Staff will use the following checklist to determine the completeness of your application within 10 business days of submittal. Please make sure all the listed items are included. Staff shall not process an application for further review until it is determined to be complete.

# Temporary Use Permit Submittal Checklist

Date Received: \_\_\_\_\_

Project Name: \_\_\_\_\_

Applicant/Property Owner: \_\_\_\_\_

**Temporary Use Submittal Checklist - Documents provided on USB flash drive or CD, if not using the online permitting service.**

1	Completed Temporary Use Permit application	
2	Other documentation deemed necessary by the administrator	
3	Application fee - \$50 (special event) – <i>waived for nonprofit events</i> \$100 (residential temporary tent) \$200 (commercial temporary tent)	
4	Site plan, if required by the administrator	
<b>Temporary Tents</b>		
5	Fire retardant certificates for each temporary tent panel	
6	Seating and table arrangement chart for temporary tents	

**FOR COUNTY USE ONLY**

**Comments and/or restrictions imposed by the County:**

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

**Approved by:**

Planning_____	Date_____
Fire Marshal_____	Date_____
Chief Building Inspector_____	Date_____
Sheriff_____	Date_____
Environmental Health_____	Date_____
Emergency Management_____	Date_____
Emergency Medical Services_____	Date_____

**On-Site Inspection:**

Fire Marshal_____	Date_____
Result_____	
Chief Building Inspector_____	Date_____
Result_____	