

TEMPORARY USE APPLICATION/PERMIT

TOWN OF SEABROOK ISLAND

Date _____ No. _____

Applicant name _____ Phone _____

Address _____

Description of property _____

Exact temporary use requested _____

(If more space needed attach sheet)

Responsible party _____
(Please print)

Dates of temporary use _____

Date site to be restored _____

This permit is valid for a maximum of 72 hours. For periods longer than 72 hours this application must be approved by Town Council.

Town Council approval _____

Conditions, if any _____

Applicant's signature _____

Zoning Administrator _____

(Please print signature)