CITY OF CARMEL / CLAY TOWNSHIP **Permit # _____**

PHONE: 317-571-2444
FAX: 317-571-2499

TEMPORARY USE EXTENSION REQUEST

APPLICANT/COMPANY INFORMATION:

APPLICANT NAME:_____PHONE:_____FAX:_____

COMPANY/BUILDERS NAME:_____

ADDRESS:_____CITY:_____STATE:_____ZIP:_____

PROPERTY OWNER:

NAME:_____PHONE:_____FAX:_____

STREET ADDRESS:_____CITY:_____STATE:_____ZIP:_____

ADDRESS OF PROPOSED USE:_____

TEMPORARY USE PERMIT TYPE **(ONLY ONE PERMIT EXTENSION REQUEST PER FORM)**

- **MODEL HOME/TEMPORARY SALES OFFICE** **§25.08, 25.16**

  THIS PERMIT TYPE MAY BE EXTENDED FOR INCREMENTS OF SIX (6) MONTHS, BUT MAY NOT EXCEED THIRTY-SIX (36) MONTHS TOTAL FOR A TEMPORARY USE.

  MODEL HOME/TEMPORARY SALES OFFICE PERMIT NUMBER_____

- **TEMPORARY CONSTRUCTION/SALES FACILITY** **§25.08**

  THIS PERMIT TYPE MAY BE EXTENDED FOR INCREMENTS (AT THE DEPARTMENT'S DISCRETION) OF UP TO EIGHTEEN (18) MONTHS, BUT SHALL EXPIRE THIRTY (30) DAYS AFTER THE ISSUANCE OF THE PROJECT'S CERTIFICATE OF OCCUPANCY. (NO EXTENSION FEE)

  TEMPORARY CONSTRUCTION/SALES FACILITY PERMIT NUMBER:_____

  MODEL HOME BUILDING PERMIT NUMBER:_____

- **SPECIAL EVENT** **§25.23**

  SPECIAL EVENT PERMITS MAY BE EXTENDED FOR AN ADDITIONAL 5-DAYS.

SPECIAL EVENT PERMIT NUMBER:_____

CERTIFICATION AND NOTICE OF INTENT TO COMPLY

IT IS THE RESPONSIBILITY OF THE APPLICANT TO APPLY FOR THE PERMIT EXTENSIONS PRIOR TO EXPIRATION OF THE PERMIT. ANY TEMPORARY CONSTRUCTION FACILITY OPERATING WITHOUT A VALID PERMIT SHALL BE CONSIDERED A CIVIL ZONING VIOLATION SUBJECT TO ENFORCEMENT ACTION BY THE CITY OF CARMEL.

I HEREBY CERTIFY THAT I HAVE THE AUTHORITY TO MAKE THE FOREGOING APPLICATION, THAT THE APPLICATION AND PLANS FILED WITH THE APPLICATION ARE CORRECT, AND THAT THE OPERATION AND CODUCT OF THE TEMPORARY USE WILL CONFROM TO THE REGULATIONS OF THE CARMEL ZONING ORDINANCE. FAILURE TO COMPLY WITH THE TERMS AND CONDITIONS OF THIS PERMIT MAY RESULT IN A CITATION AND ADDITIONAL FEES.

_____ _____

SIGNATURE OF APPLICANT (REQUIRED) DATE **SIGNATURE OF PROPERTY OWNER (REQUIRED) DATE**

EXTENSION REVIEWED BY:_____ DATE REVIEWED:_____

EXTENSION FEE DUE:_____

THIS TEMPORARY USE PERMIT WAS EXTENDED ON _____/_____/_____ AND IS VALID FOR_____MONTHS,

UNTIL____/_____/_____.

NOTES: