



TOWN OF WILSON'S MILLS
**TEMPORARY USE/SPECIAL EVENTS
PERMIT APPLICATION**

Planning Department
PO Box 448, Wilson's Mills, NC 27593
Phone: (919) 938-3885 / Fax: (919) 938-1121

FILING INSTRUCTIONS:

_____ The following must be submitted for the application to be considered complete:

- A Sketch Plan showing the boundaries of the property, the use of adjacent properties, the location of the special event or structure on the property, access and parking provisions, restroom facilities, and other information sufficient to show that the special event or structure complies with the standards set forth in Article 15 of the Wilson's Mills Development Ordinance (WMDO) and any other applicable standards and specifications.
- Owner consent form if applicant is not the owner.

_____ Permits shall only be valid for the dates on this permit.

_____ The applicant must complete this application in full. This application will not be processed unless all information requested is provided and the owner has provided consent.

_____ Remittance of associated fee(s)* to accompany this application. (*See *Town of Wilson's Mills fee schedule*)

_____ All permits are subject to associated building and trade permits from the Johnston County Inspections Department with required fees for permits, inspection fees, electric etc. To schedule an inspection, please call 919-989-5060.

EVENT/USE INFORMATION:

Type of Event: _____

Description: _____

Event Date(s): _____ Event Time(s): _____

Will outside tents/canopies be used? _____ Yes _____ No Is the event open to the public? _____ Yes _____ No

Describe how parking, safety, security and restroom standards will be met: _____

GENERAL INFORMATION:

Project Address / Location: _____

Zoning District: _____

Size of Property (in acres): _____ Johnston Co. Tax ID #: _____

Setbacks: Front _____ Side _____ Rear _____

APPLICANT INFORMATION:

Applicant: _____

Organization Name: _____

City: _____ State: _____ Zip: _____

Contact Person: _____

Phone: _____ Email: _____

OWNER INFORMATION:

Owner: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

ACKNOWLEDGEMENT:

I/we do hereby certify that all of the information submitted above is accurate and true to the best of my knowledge. I/we do hereby agree to comply with the applicable Town of Wilson's Mills Ordinances in regard to this application. I understand that this permit may be revoked should any ordinance not be followed.

*Applicant_____
Applicant Signature_____
Date

**If applicant is not owner – provide a completed and signed Owner Consent Form.*

FOR TOWN USE ONLY

Date Received: _____ Application #: _____

Fee Paid: _____ Date Paid: _____

Approved _____ Denied _____

Comments: _____

Planning Department Signature_____
Date