

TOWNSHIP OF SOUTH STRABANE
550 WASHINGTON ROAD
WASHINGTON, PA 15301
724-225-9055

APPLICATION FOR TEMPORARY USE PERMIT

DATE APPLICATION RECEIVED _____ PERMIT NO. _____

NAME OF APPLICANT _____

APPLICANT'S MAILING ADDRESS _____

APPLICANT'S PHONE NO. _____ FAX NO. _____

LOCATION OF PROPERTY _____
(Street Address and Tax Parcel No., if known)

ZONING CLASSIFICATION OF PROPERTY _____

NATURE OF PROPOSED USE:

- _____ Temporary Storage Trailer, Portable On-Demand Storage Unit, or Container in
Commercial and Industrial Districts (Per 1609.2 of Zoning Ordinance)
- _____ Temporary Construction Trailer, Model Home or Sales Office
(Per Section 1607 of Zoning Ordinance)
- _____ Portable On-Demand Storage Unit in Agricultural or Residential Zoning District
(Per 1609.3 of Zoning Ordinance)
- _____ Other Temporary Use (Per Section 2105 of Zoning Ordinance)
If "Other Temporary Use", please describe the proposed use in detail below:

Date when the temporary use is proposed to be established: _____

Date when the temporary use is proposed to be terminated: _____

In the case of Temporary Storage Trailers, PODS or Containers in Commercial and
Industrial Districts: Total Number of Units Proposed _____
Gross Floor Area of Principal Building _____

Please attach a Plot Plan showing the location of the proposed temporary use and/or temporary
structures on the lot and its relationship to existing structures and existing paving and parking areas
on the lot. Also show distance from temporary trailers to side and rear property lines (must be 20 ft.
minimum).

Please include Temporary Use Permit fee in the amount of \$50.00. Date Paid _____

APPROVAL OF USE BY SPECIAL EXCEPTION, if applicable

_____ Not Applicable _____ Date Approved _____

I hereby certify that the foregoing information is true and correct:

Date: _____ Applicant's Signature: _____

Print Name: _____

*****FOR OFFICIAL USE ONLY*****

_____ Approved _____ Denied Signature of Zoning Officer _____

_____ Date If denied, reasons for denial: _____
