

TOWN OF HUDSON TEMPORARY USE PERMIT



APPLICANT: _____ PHONE: _____

APPLICANTS ADDRESS: _____

LOCATION OF TEMPORARY USE : _____

PROPERTY OWNER: _____

SIGNATURE OF PROPERTY OWNER

AUTHORIZING USE OF PROPERTY: _____

TYPE OF TEMPORARY USE: ___ Auction ___ Seasonal Sale of Merchandise

___ Christmas Tree Lot ___ Other _____

___ Farmers Market _____

DATES OF TEMPORARY USE OF PROPERTY: START _____ END _____

You Must Indicate the Exact Dates

Town of Hudson Business License No. _____ and Sales Tax License No. _____

Size and General Location of Sign: _____

One Sign is Permitted

General Location and Number of Parking Spaces: _____

Show on Sketch on Reverse Side

Building Permit No.: _____

Required IF Electrical Service Required, IF a Temporary Structure is Built or IF Tents Require Anchoring.

Location of Sanitary Services: _____

If provided – also Show Location on Sketch on the Reverse Side

See Sec. 16-65.5 - Temporary Uses in the Hudson Land Development Code for a Complete Description of the Regulations Related to Temporary Uses.

On the back of this permit provide a sketch showing the layout of the property on which the temporary use is to be located, indicating the dimensions and setbacks; location of all parking and loading areas; tents or other temporary structures; and access to public roads.

I certify that the information submitted with this application is correct to the best of my knowledge. I understand that the application will be processed only after submittal of a complete application, including required fees.

Applicant: _____ Date: _____

FOR OFFICE USE ONLY:

Permit #: _____ Date Received: _____ Fees: _____ Rec'd. by: _____