



**TOWN OF WAYNESVILLE TEMPORARY USE PERMIT:  
EMERGENCY HOUSING**

ADDRESS WHERE UNIT(S) PROPOSED : \_\_\_\_\_

\_\_\_\_\_

PIN: \_\_\_\_\_

ZONING DISTRICT: \_\_\_\_\_

TYPE OF UNIT: \_\_\_\_\_

APPLICANT NAME: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

PROPERTY OWNER NAME IF DIFFERENT FROM ABOVE: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

NAME OF ALTERNATE CONTACT IN CASE OF EMERGENCY: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

START DATE: \_\_\_\_\_ END DATE: \_\_\_\_\_

*Note: Permit is good for 180 days and can only be extended with approval of administrator*

**REQUIREMENTS ATTACHED:**

WRITTEN PERMISSION OF PROPERTY OWNER IF DIFFERENT FROM APPLICANT:

COPY OF HEALTH DEPARTMENT PERMIT OR CONCURRENCE (If applicable):

PUBLIC LEASE/ENCROACHMENT AGREEMENT (If applicable):

DRAWING/DESCRIPTION OF UNIT ON LOT AND SEWER CONNECTION

APPROVED ELECTRICAL CONNECTION

OTHER: \_\_\_\_\_

APPLICANT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

TOWN OFFICIAL SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

OFFICE USE ONLY: Date of issuance: \_\_\_\_\_ Event: \_\_\_\_\_ Building Permit # \_\_\_\_\_