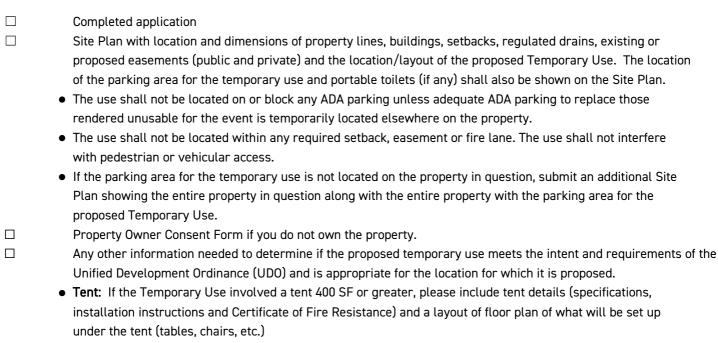


PLANNING AND DEVELOPMENT

16 S 10th Street, Suite B140 Noblesville, IN 46060 Ph. 317.776.6325 planapplications@noblesville.in.gov

PERMIT CHECK LIST TEMPORARY USE



Model Home:

- Site Plan showing two (2) off-street parking spaces. If the parking area is not located on the property in question, submit an additional Site Plan showing both the lot with the model home and the lot with the parking.
- Building plans for the Model Home including the floor plan of sales office (if any).
- **Fireworks Sales**: Provide proof of compliance with the requirements of the Indiana Department of Homeland Security.
- **Trailers:** Provide the mobile unit seal of acceptance number issued by the Indiana Fire Prevention and Building Safety Commission.

FOR INFORMATION & QUESTIONS:

City of Noblesville, Department of Planning & Development 16 South 10th Street, Suite B140 Noblesville, IN 46060

Phone: (317) 776-6325

Email: planapplications@noblesville.in.gov

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PLANNING AND DEVELOPMENT

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PERMIT APPLICATION TEMPORARY USE

Is this a Revision? [] Yes [] No	If yes, permit #				
Prior communication with the City?[] Yes [] No	If yes, provide name				
LOCATION INFORMATION					
Address/Location of temporary use: Subdivision:	Lot Number Section				
TEMPORARY USE INFORMATION					
Project Details, choose one:					
[] Grand Opening Event:					
[] Seasonal Outdoor Sales of:	· · · · · · · · · · · · · · · · · · ·				
Model Home. Will this replace an existing model home in the subdivision or development? [] Yes [] No					
[] Temporary Structure or Yard for: construction office, materials, and equipment.					
[] Other Temporary Use (Describe):					
Description of Existing Use:					
Beginning date:	Ending Date:				
Will a tent be used in association with this temporary use?					
Will a sign be used in association with this temporary use?	 -				
* A separate sign application is required prior to installation or display.					
APPLICANT INFORMATION	. ,				
Name: Company Name (if applicable):					
Address:					
Email:	Phone:				
OWNER INFORMATION	[] Same as Applicant				
Name:					
Address:					
Email:	Phone:				
The undersigned requests a temporary use permit for the use is understood that is shall only authorize that particular use a safeguards required by the Board of Zoning Appeals.					
Signature of Applicant	Date				

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My Commission Expires:

PLANNING AND DEVELOPMENT

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TEMPORARY USE				
Property Address:	-			
Contact:				
Business Name:				
Phone:				
Description of Request:				
Owner's Name:				
Address:	City:	State:	Zip:	
Phone:	Email:			
As owner of the above property, I acknotemporary use permit at the above property the tenant will obtain required permits	perty and hereby grant my conser			
Owner's Signature	Owner's	Owner's Name Printed		
SUBSCRIBED AND SWORN to me, a Not	tary Public in and for said County	and State, thisda	y of, 20	
Signature of Notary	Printed N	Printed Name of Notary		

A resident of

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County, Indiana