



TEMPORARY USE PERMIT APPLICATION
Moncks Corner Community Development

**MONCKS
CORNER**
The Lowcountry's Hometown

Business Name: _____

Job Address: _____ TMS #: _____

Applicant Information

Personal Name: _____ Company Name: _____

Address: _____

Phone: _____ E-Mail: _____

Property Owner Information (If Different)

Name: _____ Address: _____

Phone: _____ E-Mail: _____

Building Details

_____ Permanent _____ Modular

_____ Trailer _____ Membrane

Please describe the proposed use: _____

What dates will the use be in place? _____

****If the building is not permanent, plans will be required****

Applicant's Signature: _____ Date: _____

Owner's Signature: _____ Date: _____

Date Received: _____