

PERMIT FOR TEMPORARY USE
ZONING BOARD OF APPEALS
Metamora Township

Case # ZBA -- --

APPLICANT'S NAME _____

STREET ADDRESS _____

CITY & ZIP CODE _____ PHONE _____

ADDRESS OF SUBJECT PROPERTY _____

LEGAL DESCRIPTION OF SUBJECT PROPERTY: _____

DESCRIBE TEMPORARY USE BEING REQUESTED: _____

Temporary Use Granted: _____

Conditions: 1. _____

2. _____

3. _____

Date Permit Granted By Zoning Board Of Appeals:

Expires On:

Signature of Applicant

Signature of Chairperson, Metamora Township
Zoning Board of Appeals