



Planning & Zoning Department
City of Newnan
Application for Temporary Structure Zoning Approval

Project/Description of Activity: _____

Project Address: _____ Tax Parcel No.: _____

Applicant: _____

Phone No.: _____ E-Mail: _____

Distances from: Front Property Line _____ Side Property Line _____ Rear Property Line _____

Building height: _____ Building Width: _____ Total Sq. Footage _____ Heated? Yes or No

Will the structure require power? Yes or No

Requested date structure to be placed: ____/____/____ Requested duration for structure: _____

Other information needed:

1. Must provide a site plan indicating where structure will be placed. Site plan must include setbacks from adjoining property lines and other buildings on property and must show proposed parking and traffic flow management plan.
2. Any other additional paperwork or documents as may be requested to assist the department in making a determination in your request.

Section 33.090 – Temporary or Seasonal Uses and Structures, Sub-section 4 allows for temporary structures in the following circumstances: A. Temporary expansion or replacement of existing facilities or until permanent establishment of new facilities; B. Temporary expansion of school facilities; C. Model Sales Home and D. Temporary Real Estate Offices.

Applicant's Signature

____/____/____

Date



City of Newnan, Georgia
Attachment A

Property Owner's Authorization

The undersigned below, or as attached, is the owner of the property which is the subject of this application. The undersigned does duly authorize the applicant named below to act as applicant in the pursuit of a temporary structure zoning approval for property.

Name of Property Owner _____

Telephone Number _____

Address of Subject Property _____

I swear that I am the owner of the property which is the subject matter of the attached application, as it is shown in the records of Coweta County, Georgia.

Signature of Property Owner

Personally appeared before me

who swears the information contained in this authorization is true and correct to the best of his/her knowledge and belief.

Notary Public

(Affix Raised Seal Here)

Date