



COVID-19 USE PERMIT APPLICATION

Contact Information (To be completed by Applicant)

Applicant/Agent Name:	Property Owner:
Mailing Address:	Mailing Address:
City: State: Zip:	City: State: Zip:
Phone:	Phone:
Email:	Email:

Property/Type Purpose of Temporary Use:

Property Location/Address:	Property PIN (Tax id #):
Outdoor use of Alcohol – Y/N (Applicant is required to provide a copy of ABC Permit).	Tents – Square Footage: Certificate of Flame Resistance Attached: Y/N
Use of Public Property – Y/N (Applicant is required to provide proof of liability insurance)	Sidewalk Dining – Y/N (Applicant is required to provide proof of Health Department Sanitation Rating)
Dates Requested: From:	To:

PROVIDE A DETAILED DESCRIPTION OF ALL REQUEST(S) AND GRAPHICALLY DEPICT ON ATTACHED SITE PLAN IN DETAIL THE PROPOSED LAYOUT (Attach additional page(s) if necessary):

ATTACH SITE PLAN: Applicant shall provide a site plan, accurately and neatly drawn to scale showing the layout of the site, including any parking space and/or sidewalk closures or proposed uses, and any and all proposed pedestrian/vehicular traffic access and route changes must be clearly designated on the site plan. The outside dimensions of any proposed tents, tables, or structures its distance from the front, rear, side boundaries of the lot shall be shown.

I affirm and certify that I understand and will comply with all regulations and requirements of the City of Brevard, NC Department of Health and Human Services, Orders in effect by NC Governor Roy Cooper and CDC Guidelines in effect during the COVID-19 pandemic. I further certify that the above statements and the statements and showings made in any paper or plans submitted herewith are true to the best of my knowledge and belief. Further, I understand that the application and attachments become a part of the Official Records of the City of Brevard Planning Department, are not returnable and are subject to NC Public Records Law. I also recognize that if one or more deficiencies exist in this application, I will be notified of the deficient items, and the department shall take no further action on the application until the required information is submitted. I understand that misrepresentation of information contained within this application may be cause to void any development approvals associated with this application. I grant permission to the Zoning Administrator, and designees thereof, to enter upon the property represented herein for the purposes of administering this application. If the Applicant is other than the property owner, proof of owner's consent is required. Owner's signature proves consent. The applicant will be the liaison with the City and will be the party to receive official notice. Notice communicated to the applicant will be deemed communicated to the owner. By signing this application, the applicant is consenting to the designation for these purposes.

Applicant/Agent Signature:	Date:
Property Owner Signature:	Date:

For Internal Office Use Only:

Applicant Consultation Date: _____

Bond Requirement – Y/N Amount: _____

The Planning Director or other approving authority may require a reimbursable bond. The purpose of the bond is to provide an instant surety in the event there is damage (whether accidental or intentional) to any City Property; or to address any condition that manifests, due to an overt act or an act of omission by any permitted participant of the COVID-19 Use that requires additional City personnel to remedy that condition.

Bond deposited in the amount of \$_____ as specified by the Planning Director, has been received by Cash _____ or Check _____

Bond returned to applicant by: _____ Date: _____

Bond invoked by City [attached written finding as to circumstances]

Authorized by: _____ Date: _____

REVIEWED and RECOMMENDED for: APPROVAL: _____ DISAPPROVAL: _____

Police Department: _____ Date: _____

Fire Department: _____ Date: _____

Submit written concerns and comments below:

COVID-19 USE APPROVED BY: _____ **Date:** _____