



TEMPORARY STAY PERMIT APPLICATION

1. Applicant Information

Name _____
Street Address _____
City/State/Zip _____
Phone _____
Email Address _____

2. Property Information

Zoning District _____
Area _____ Width _____ Depth _____
Current Use(s) _____
Zoning District of Adjacent Properties to the: _____
North _____ South _____ East _____ West _____

3. Request Information

Proposed length of stay: _____
Proposed temporary accommodations: _____

Will all necessary amenities be provided for guest(s)? Yes No

If no, explain how guests will access essential living facilities: _____

4. Affidavit

The undersigned hereby swears that the information given herein is true and correct and gives permission for the City of Perry officials, staff, and consultants to go on the property for which the above referenced site plan is proposed for purposes of verifying information provided on the submitted application.

Signature of Applicant _____ Date _____

5. Review and Approval

FOR CITY OF PERRY USE ONLY:	
Application No.	_____
Applicant Name:	_____
Fee: _____	Payment Method: _____
Received By:	_____
Date: _____	Time: _____
ZONING ADMINISTRATOR	
Approval Signature:	Date: _____