



PLANNING & Neighborhood Services
PO Box 2430
Indian Trail, NC 28079
Telephone (704) 821-5401
Fax (704) 821-9045

TEMPORARY USE PERMIT

Reference: UDO Chapter 440

Examples of Temporary Uses

- Food vendors
 - must be in conjunction with a local restaurant or non-profit sponsored event
 - are required to have appropriate state and county permits.
- Grand opening sales or Grand re-opening sales
- Tent sales
- Outdoor seasonal sales
- Fundraiser
- Parades (excluding wild animals)

Submittal Requirements (Application shall be received within 10 working days in advance of the requested start date)

- Written permission from the property owner
- Building permits
- Upload complete application to Union County website for UC Health Dept. and Fire Marshal: <https://ucinspect.unioncountync.gov/evolvepublic/>
- Notarized Signature of Property Owner, if Applicant is not property owner
- \$30 review fee
- **A TECHNOLOGY FEE, 10% OF REVIEW FEE, WILL BE APPLIED TO THE TOTAL FEE.**

Approval Criteria

- Temporary use must be compatible with the zoning district and surrounding land uses
- The duration and hours shall be established by the Zoning Administrator at the time of approval
- The temporary use will not cause undue traffic congestion or accident potential
- Adequate off-street parking will be provided
- All signage shall be in compliance with the sign requirements
- The Zoning Administrator may establish any additional conditions deemed necessary

EVENT: Subject to all requirements of Chapter 440 of the Unified Development Ordinance

Name/Title of Event: _____

Date(s) of Event: _____

Location (including street address): Describe specific location, including a drawing/detailed site plan to include area used, entry and exits, structure locations, bleachers, canopies, fences, displays, concessions, etc.

Description of Event (examples of temporary uses include outdoor seasonal sales, grand opening, fundraiser):

Event Start/End Times: _____

APPLICANT

Organization: _____ Phone: _____

Contact Person: _____ Phone: _____

Mailing Address: _____

PROPERTY OWNER INFORMATION

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

Email _____

OWNER'S CERTIFICATION

Signature _____ Date _____

Printed Name/Title _____

Signature of Notary Public _____ Date _____

Notary Seal

DEPARTMENT APPROVAL (if applicable)

Town Engr: _____
SIGNATURE DATE

NC DOT: _____
SIGNATURE DATE

Fire Marshal: _____
SIGNATURE DATE

Union Co. Health Dept.: _____
SIGNATURE DATE

Building Inspector: _____
SIGNATURE DATE

Proof of Insurance: _____ If yes, please provide a copy.
YES NO

The applicant is responsible for contacting Union County Sheriff's Department for traffic ingress and egress issues for the event.

Applicant declares all information submitted on this application is true and accurate. Applicant will immediately notify the Zoning Administrator of any additions or changes that arise after application is submitted. Changes could result in denial or revocation of permit. On behalf of the above organization(s) and all members thereof, applicant agrees to abide by all policies, procedures and instructions set forth or provided by the Town of Indian Trail, its staff, officers and designated agents; and will also comply with all relevant local, state and federal regulations.

Applicant Signature: _____ Date: _____

Town of Indian Trail



PO Box 2430

Indian Trail, NC 28079

Telephone (704) 821-5401

PLANNING AND DEVELOPMENT DEPARTMENT

**GROUP/ORGANIZATION
WAIVER AND RELEASE OF LIABILITY**

ORGANIZATION/GROUP NAME: _____

EVENT NAME: _____

EVENT DATE(S): _____

ON BEHALF OF THE ABOVE ORGANIZATION/GROUP, I expressly WAIVE, RELEASE, and DISCHARGE the Town of Indian Trail, its officers, agents, and employees or any other person from any and all LIABILITY for any death, disability, personal injury, property damage, property theft or actions, including any alleged or actual negligent act or omissions, regardless of whether such act or omission is active or passive which may accrue to myself or members of my organization/group or our heirs in connection with our participation in the above described event. I fully understand and acknowledge that the Town of Indian Trail is relying on my representation that I have authorization to sign this document and that I will provide all members of my group a completed copy of this Waiver prior to our participation.

I expressly INDEMNIFY AND HOLD HARMLESS the Town of Indian Trail, its elected and appointed officers, agents and employees from any and all liabilities or claims made by me or my organization/group, my/our heirs and any other individuals or entities as a result of any of my/our actions in connection with my/our participation in this event except for those claims arising from the sole negligence or sole willful conduct of the Town, its officers, employees, volunteers or other representatives. Such indemnification includes liability settlements, damage awards, costs and attorney fees associated with any such claims.

I hereby certify that I have read this document, understand its content, and am authorized to sign this document on behalf of all members of the group I represent.

DATE: _____

SIGNATURE: _____

NAME: _____ TITLE: _____

ADDRESS: _____



One Stop Permitting

500 N. Main Street
Suite #47
Monroe, NC 28112

T. 704.283.3553

<https://ucinspect.unioncountync.gov/evolvepublic/>

Contact Union County for fee

_____ X \$75.00 = _____
of TFE Applications

EVENT ORGANIZER APPLICATION

The Event Organizer Application and all Temporary Food Event (TFE) Applications must be submitted 15 calendar days prior to the event. It is the Event Coordinator's responsibility to ensure all TFE vendor applications are completed before submitting to Union County Environmental Health. Fees can be submitted by the Coordinator or by each vendor directly to Union County Building Code Enforcement [ucinspections@unioncountync.gov].

Organizer Information

Organizer Name: _____
Mailing Address: _____ City: _____ State: _____ Zip: _____
Phone (8am-5pm): (____) _____ After 5pm: (____) _____
E-Mail: _____

Event Information

Name of event: _____
Event Address: _____ City: _____ State: _____ Zip: _____
Parcel ID Number: _____

Dates and hours of operation:

Event Date(s):		to		Hour(s):		to	
Rain Date(s):		to					

Admission Charged: Yes No

Will event last for at least 6 consecutive hours? Yes No

Maximum Attendance: _____

Will the sewage disposal be: (Check one that applies) Municipal (public) Septic system Portable Toilets

Is there a septic system on the property Yes No Will the system be used for the Event Yes No

Will the organizer be supplying water to the food booths? Yes No

If yes, what is the water source? City/Public Private Well Note: A food grade hose is required for all water connections.

Date/time food vendor(s) will be allowed on site for setup: _____

Will tents be provided? Yes No Will inflatables be provided? Yes No

Attach a map of the event grounds showing the location for each food booth, toilet facilities, water connections, existing septic systems, well on property, tents, inflatables and parking, etc. (Indicate the square footage of each tent and/or inflatable).



Please list **ALL participating FOOD VENDOR INFORMATION** below. Use additional pages as needed.

Name of Booth	Owner/Operator	Phone Number/E-mail	General Menu
Example Food Booth	Jane Doe	704-000-0000 email@email.com	Funnel Cakes, blooming onions, sandwiches, hamburgers, and corn on the cob.

Please list **ALL participating Nonprofit FOOD VENDOR INFORMATION** below.

G.S. 130-250 (7) Allows establishments that are incorporated as nonprofit corporations in accordance with Chapter 55 of the General Statutes or are exempt from federal income tax under the Internal Revenue Code as defined in G.S. 105-228.90 or that are political committees as defined in G.S. 163-278.6(14) to prepare or serve food and/or drink for pay no more than once a month for a period of two consecutive days.

Nonprofit Name	Contact Person	Phone Number/E-mail	Registration Number

STATEMENT: I hereby certify that the above information is correct and I fully understand that any deviation from the above without prior permission from Union County Environmental Health may nullify final approval and prevent issuance of permits to participating food vendors. I understand that a pre-opening inspection of each food vendor is required and if the food vendor is not in compliance with 15A NCAC 18A .2635 a temporary food establishment permit will not be issued.

Print Name

Signature

Date