



**CITY OF CAYCE
SOUTH CAROLINA
TEMPORARY USE PERMIT APPLICATION**

Date Filed: _____

Permit Application No: _____

Name of Applicant _____

Address of Applicant _____

Telephone # _____

Address of Temporary Use _____

Property Owner's Name _____

Reason for Temporary Use _____

Duration of Temporary Use _____

Names of All Authorized Persons _____

Authorized Vehicles License # _____

Property Owner Consent Letter

State Required Licenses

Site Plan / Setback Verification

Background Check

Written Description of Activity

Fire Inspection

Proof of Insurance

Public Safety Director

Date Issued: _____

Planning Director