



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