



Village of Commercial Point

P.O. Box 56
Commercial Point, Ohio 43116
(614) 877-9248

Temporary Use/Special Event Permit Application

PROPERTY OWNER

Name _____

Address _____

Daytime Phone _____ Email _____

APPLICANT

Name _____

Address _____

Daytime Phone _____ Email _____

Address of Subject Property _____

Proposed Use _____

Proposed Date (s) of Special Event _____

Will you have a sign for the special event? _____ If yes, attach a sketch of the sign showing its dimensions and indicate the colors to be used. See attached for additional requirements.

I certify that the information provided with this application is correct and accurate to the best of my ability.

Property Owner's or Authorized Agent's Signature

Date

Date Received ___/___/___

Fee Paid: _____

Date of Action ___/___/___

Application Approved: Yes ___ No ___
___ Yes with conditions

Expiration Date ___/___/___

Planning and Zoning Administrator _____