



www.aikencountysc.gov

Aiken County
Planning and Development Department
1930 University Parkway, Suite 2800
Aiken, SC 29801
(803) 642-1520

TEMPORARY USE PERMIT APPLICATION

Business Information

Name of Business Entity: _____

Applicant/s Full Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Fax: _____ E-mail: _____

Property Owner's Information

Property Owner's Name: _____ Telephone: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Project Information

Site Address: _____

City: _____ State: _____ Zip Code: _____

Tax Parcel Number: _____ Zoning: _____ Existing Parking Area(s): _____

Restroom Facilities: _____ Electric Provider: _____ Dates of Operation: _____ to _____

Type of Business/Project: (Please provide a complete description of any and all commercial activities and/or uses being conducted on the proposed site plan to be attached hereto)

Affidavit

Under penalties of perjury, I certify to the best of my knowledge that the information given in this Application is both true and correct. It is expressly understood that the issuance of any County permit upon approval of this Application does not relieve me of my responsibility to comply with and adhere to all applicable federal, state, and local laws. I further understand that I am subject to the provisions of the Business Registration Ordinance No. 06-10-31 of Aiken County, South Carolina requiring any and all business entities, including nonprofit organizations, to register with the Aiken County Tax Collector's Office. Failure to comply with the foregoing provisions is a misdemeanor, which may result in a fine of \$500.00 and/or imprisonment up to thirty (30) days for each violation.

Signature of Applicant

Date