



Town of Burns Harbor

RANDAL LOPEZ
BUILDING COMMISSIONER

310 Navajo Trail
Burns Harbor, Indiana 46304
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APPLICATION FOR A TEMPORARY USE PERMIT

APPLICATION NUMBER: _____ DATE: _____

NAME OF APPLICANT: _____

ADDRESS OF USE PERMIT: _____

NAME OF OWNER: _____

DESCRIBE USE OF PERMIT: _____

TEMPORARY USE BEGINNING: _____ EXPIRES: _____

BUSINESS HOURS OF TEMPORARY USE: _____

APPROVED: _____ REJECTED: _____

BUILDING COMMISSIONER: _____ DATE: _____

SIGNATURE OF APPLICANT: _____

I, AS APPLICANT FOR THIS PERMIT ASSUME THE RESPONSIBILITY TO BE AWARE OF AND TO COMPLY WITH ALL APPLICABLE TOWN, STATE AND FEDERAL ORDINANCES, CODES AND STATUTES, LAND COVENANTS, RESTRICTIONS, EASEMENTS, SET BACKS AND PUBLIC RIGHTS OF-WAY.