



Temporary Use Permit

Building Department
310 Navajo Trail • Burns Harbor, IN 46304
P 219-787-9187 • F 219-787-0015

buildingclerk@burnsharbor-in.gov • www.burnsharbor-in.gov



Application Number: _____ Date: _____

Applicant Name: _____

Address of Use Permit: _____

Owner's Name: _____

Describe Use of Permit: _____

Temporary Use Beginning: _____ Expires: _____

Business Hours of Temporary Use: _____

Approved ___ Rejected ___ Date: _____

Building Commissioner Signature: _____

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 Right-of-Way.

Applicant Signature: _____