

**TEMPORARY 90 DAY PERMIT
FOR NON PROFIT ORGANIZATIONS
FFA/4-H**

**CITY OF WILLISTON
50 NW MAIN STREET
PO DRAWER 160
WILLISTON, FL 32696
PHONE: 352-528-3060**

Date: _____

Name: _____

Location _____

Permit Requested for: _____

Owner's Name _____

Owner's Address: _____

Telephone # _____ Fax # _____ Cell # _____

Sec. 46-97. Special permits for temporary uses.

In any zoning district: the harboring of livestock for 4-H/FFA purposes. This use shall be subject to review of the Land Development Regulations Administrator. The application shall contain parameters including (but not limited to)

1. Number of animals _____
2. Type of containment facilities (site plan) _____
3. Minimum lot size _____
4. Yard setbacks _____

Need to post notice. There will be regular inspections for cleanliness/odor/ etc. Periodic inspection by the animal control officer and notification of adjacent property owners by the Land Development Administrator will be conducted.

Signature

Date

From: _____ To: _____

OFFICE USE ONLY

Approved: _____ Date: _____