



# CAR WASH PERMIT APPLICATION

**PLEASE NOTE:** The car wash must be located and operated on property owned or leased by the charitable organization authorized to conduct the car wash. Applicant must provide a copy of the tax-exempt status 501(c) (3) letter from the IRS. A \$35 permit fee is required

NAME OF ORGANIZATION: \_\_\_\_\_

MAILING ADDRESS OF ORGANIZATION: \_\_\_\_\_

PHONE NUMBER OF PERSON IN DIRECT CHARGE: \_\_\_\_\_

LOCATION OF CAR WASH: (ADDRESS) \_\_\_\_\_

DATES OF CAR WASH:

HOURS OF OPERATION:

FROM: \_\_\_\_\_ TO: \_\_\_\_\_

FROM: \_\_\_\_\_ TO: \_\_\_\_\_

DETAILED EXPLANATION OF HOW FUNDS WILL BE USED AND PURPOSE OF THE CAR WASH BEING CONDUCTED BY THE ORGANIZATION:

\_\_\_\_\_  
\_\_\_\_\_

\*\*\*\*\*

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_



***REQUEST FOR ZONING APPROVAL***

- CHARITABLE ORGANIZATION FUNDRAISER
- TRANSIENT MERCHANT/PEDDLER LICENSE

**PLEASE NOTE:**

- **A COPY OF THE SITE LAYOUT FOR THE PROPOSED ACTIVITY, IF APPLICABLE, MUST BE ATTACHED.**
- Zoning for this activity within **The City of Hinesville** may be restricted to C-2 (General Commercial) or C-3 (Highway Commercial) Districts.
- Any signage for this function must be pre-approved by this office.
- Activity must be conducted in a manner that will not impede or disrupt vehicular traffic.
- All parking must be on-site.
- The setback requirement is 50-feet from the curb or paved edge of the highway.

LOCATION OF ACTIVITY: \_\_\_\_\_

SIGN DESCRIPTION (if any): \_\_\_\_\_

PARKING (provide description of parking facilities): \_\_\_\_\_

SHED, TENT, OR OTHER TEMPORARY STRUCTURE:  Yes  No

(If "yes", provide description) \_\_\_\_\_

**FOR OFFICIAL USE ONLY**

Zoned: \_\_\_\_\_

This request has been reviewed by the Department of Inspections, the Liberty Consolidated Planning Commission, and the Fire Department, and is herewith  APPROVED  DISAPPROVED

\_\_\_\_\_  
Date

\_\_\_\_\_  
Director of Inspections

\_\_\_\_\_  
Date

\_\_\_\_\_  
Zoning Administrator

\_\_\_\_\_  
Date

\_\_\_\_\_  
Fire Department

Comments/Conditions: \_\_\_\_\_



## SITE AUTHORIZATION FORM

### SITE OWNER INFORMATION

OWNERS NAME: \_\_\_\_\_

OWNERS REPRESENTATIVE: \_\_\_\_\_

OWNERS TITLE: \_\_\_\_\_

### SITE INFORMATION

BUSINESS NAME: \_\_\_\_\_

COMPLETE MAILING ADDRESS: \_\_\_\_\_

DESCRIPTION OF THE AREA AUTHORIZED FOR USE (ATTACH SKETCH FOR CLARITY):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

NAME OF EVENT/ACTIVITY SPONSOR: \_\_\_\_\_

TYPE OF EVENT/ACTIVITY: \_\_\_\_\_

DATE OF EVENT:

FROM: \_\_\_\_\_ TO: \_\_\_\_\_

HOURS OF EVENT:

FROM: \_\_\_\_\_ TO: \_\_\_\_\_

DESCRIPTION OF ANY LIMITATIONS PLACED ON EVENT/ACTIVITY:

\_\_\_\_\_  
\_\_\_\_\_

I hereby provide permission for the above-named sponsor to use the site as described above.

SIGNATURE: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_

TITLE: \_\_\_\_\_

DATE: \_\_\_\_\_