

PLANNING AND CODE ADMINISTRATION

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TEMPORARY USE APPLICATION

All information must be complete to initiate processing of application

SUBJECT PROPERTY

Street Address

APPLICANT

Business Name

Primary Contact's Name

Street Address

Suite No.

City

State

Zip Code

Phone Numbers: Work

Cell

Email

PROPERTY OWNER

Individuals/Business/Corporation Name (if applicable)

Primary Contact's Name

Street Address

Suite No.

City

State

Zip Code

Phone Numbers: Work

Home

Cell

Email

DEVELOPER

Business Name

Primary Contact's Name

Street Address

Suite No.

City

State

Zip Code

Phone Numbers: Work

Cell

Email

ARCHITECT

Business Name

License Holder's Name

Primary Contact's Name

MD License Registration No.

Street Address

Suite No.

City

State

Zip Code

Phone Numbers: Work

Cell

Email

ENGINEER

Business Name

Primary Contact's Name

Street Address

City

Phone Numbers: Work

Email

License Holder's Name

MD License Registration No.

Suite No.

State

Zip Code

Cell

TEMPORARY USE DESCRIPTION