



Community &
Development
Services,
Planning
Division

Publication Date		Application No.	
Hearing Date		Date Filed	
Vicinity Map Attached		Filing Fee	
Ownership List		Receipt No.	

APPLICATION FOR SPECIAL USE PERMIT (OPEN AIR MARKETS)

A site plan is required to be submitted with this application

Applicant's Name _____ Phone _____

Applicant's Address _____

Applicant's Email Address _____

Property Location (physical address) of the special use _____

Owner of Record (as shown on deed) of the property _____

SITE PLAN Legal Description _____

Zoning _____

Described Proposed Use _____

Dates of Operation (be specific) _____ Hours of Operation (be specific) _____

Will a tent be erected for this special use? _____ If Yes, indicate dimensions of tent _____

How will the following be provided?

Sanitation/Utilities	
Security	
Noise Control	

Parking/Traffic Control	
Fire Safety/Emergency Medical	
Clean-Up/Site Restoration	

PROPERTY OWNER(S) (or authorized representative's) PRINTED NAME _____

PROPERTY OWNER'S SIGNATURE _____ Date: _____

(The person signing this application, as property owner or property owner's representative, is giving permission for the special use to take place on the property)

APPLICANT(S) SIGNATURE: _____ Date: _____

If the applicant is to be represented by legal counsel or an authorized agent, please complete the following in order that correspondence and communications pertaining to this application may be forwarded to the authorized individual.

Name of Representative	
Address	
Phone	
Email Address:	