



APPLICATION FOR TEMPORARY USE PERMIT

IF APPROVED, THIS APPLICATION BECOMES THE PERMIT FOR THE SPECIFIED TEMPORARY USE
Site plan is required to be submitted with the application

Applicant's Name _____

Applicant's Address _____ Daytime Phone Number _____

Property Location (physical address) of the temporary use _____

Owner of Record of Property (business owner isn't necessarily property owner) _____

SITE PLAN Legal Description _____

Proposed Temporary Use _____

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

Will a tent be erected for this temporary use? _____ If Yes, indicate size of tent _____

How will the following be provided?

Sanitation/Utilities _____ Parking/Traffic Control _____

Security _____ Fire Safety/Emergency Medical _____

Noise Control _____ Clean-Up/Restoration _____

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

PROPERTY OWNER'S SIGNATURE _____ Date _____

(The person signing this application is giving permission for the temporary use to take place on the property)

APPLICANT'S SIGNATURE: _____ Date: _____

Staff
Use
Only
↓

Zoning of Property _____ Lot Area _____ License from City Clerk required? YES ___ NO ___

Special Conditions:
 All parking must be located on the site. No on street parking is allowed.
 All signs must be located on private property. No signs allowed within the right of way and cannot block the vision triangle at driveways or at driving aisles.
 Adequate site distances shall be maintained for all vehicles entering or leaving the site.
 No displays, merchandise or tables shall be located within the right of way.
 The site shall be cleaned up and restored to its original condition at the end of the temporary use.
 Other: _____

Date Approved _____ Approved By _____

PERMIT TO BE ON SITE AND AVAILABLE DURING THE TEMPORARY USE PERIOD

Fee \$ _____ Receipt # _____ Processed By _____