



TEMPORARY USE PERMIT APPLICATION

APPLICANT

Name _____

Mailing Address _____

Contact Person _____

Phone _____ Fax _____

Email _____

PROPERTY INFORMATION

Assessor's Parcel # _____

Subdivision _____

Unit # _____ Lot # _____

Address/Location _____

Zoning _____

Existing Land Use _____

Lot Size _____

TEMPORARY USE PERMIT REQUEST

Please provide a detailed description of the request, including proposed dates and times of operation.

SUBMITTAL CHECKLIST

- \$100 non-refundable filing fee
- Two Copies of the proposed site plan – *scaled and adequately dimensioned* – detailing property boundaries; existing improvements and uses; proposed improvements and uses; method of sewage disposal; and any proposed signs.

CERTIFICATION & SIGNATURE

Submittal of this application constitutes consent of the applicant in granting the Department of Community Development access to the subject property during the course of the project review. No further consent or notice shall be required.

I hereby certify that the information in the application is correct and agree to abide by the regulations of this jurisdiction.

Signature of Applicant

_____ Date: _____

Signature of Property Owner (if not the applicant)

_____ Date: _____

OFFICE USE ONLY

Received By _____ Date _____

Receipt # _____ Fee _____

Case # _____

Related Cases _____

DIRECTOR ACTION

Approved with Conditions (see attachments)

Denied

Action By _____ Date _____

Expiration _____