Planning, Development and Transportation
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TEMPORARY USE APPLICATION

Approved By: _____ **Date:** _____
Permit Number: _____ **Valid Until:** _____
Number of Permits Issued at this Site: _____

(Please type or print)

Applicant Name: _____
Address: _____
_____

Telephone: _____ **Fax:** _____

Site Address: _____
Type of business or event: _____
_____
_____

Is this site a parking lot? Yes* _____ **No** _____

Number of spaces to be used for this temporary use: _____

Estimated number of customers or participants: _____

Dates: _____ **Hours of Operation:** _____

Explain any traffic control measures: _____
_____
_____

Statement from the property owner and provide their signature below:

_____ _____
Signature of owner **Date**

Attachments:
***Statement of owner:** _____ **ZONING:** _____
***Site plan/attachment criteria:** _____
***Fire department authorization:** _____
(for tents and/or similar structures)