

TEMPORARY USE PERMIT (NON-EVENT) PROCESS

DATE: _____ Application Number: _____ - _____

___ \$50.00 Fee Form of Payment: Check# _____ Cash Credit Card

Applicant Name: _____ Phone: _____

Address/Location: _____ Lot# _____

Shopping Center/Subdivision/Business: _____

Applicant's Email: _____ Fax: _____

Applicant's Mailing Address: _____

City _____ State _____ Zip _____

Days of Operation: _____ Hours of Operation _____

SUBMITTAL CHECKLIST – APPLICATION MAY BE RETURNED IF INCOMPLETE

Check one of the following which apply to your submittal:

- ___ **Construction Trailer**-Temporary storage of construction related materials (Provide a Site Plan Layout or Plot Plan (11 X 17) showing the structure location (include labeled streets).
- ___ **Construction Office Trailer** (Provide a Site Plan Layout or Plot Plan (11 X 17) showing the structure location (include labeled streets).
- ___ **Sales Office Trailer*** or
- ___ **Sales Office**** (if using a townhome, condominium or single-family unit)

** Provide a Site Plan Layout or Plot Plan (11 X 17) showing the following:

- ___ Structure location (include labeled streets).
- ___ Parking spaces; a minimum of one van accessible parking space needs to be provided.
- ___ The space, access aisle, and route to the sales office is required to have a hard surface (i.e. pavers, boardwalk, concrete, asphalt).
- ___ Include a note for accessible bathrooms on-site.
- ___ Provide elevations showing entrance and exits for the sales office.

___ Does this project have construction plan or administrative approval? ___ Yes ___ No
(If No, the application may be reviewed but a permit will not be issued until staff approval in writing has been obtained.)

I/we hereby certify that the foregoing information is true and correct and that building or land will not be used for any other purpose than indicated in this application.

Applicant Signature: _____ Date: _____

Applicant Print Name: _____

This application is not approved!
All other applicable departments must sign off on this application prior to granting this Temporary Use Permit.

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Note: Additional signature by applicant is required on the last page AFTER all applicable department comments and/or approvals are completed.

Staff Comments/Restrictions

Police: _____ _____
Police Dept Approval: _____ Date: _____

Fire: _____ _____
Fire Dept. Approval: _____ Date: _____

Inspections: _____ _____
Inspections Approval: _____ Date: _____

Other: _____ _____
Other Dept Approval: _____ Date: _____

Approved

Approved w/restrictions

Denied

Planning: _____ _____
Planning Dept Approval: _____ Date: _____

I/we certify that I/we have read, understand and will adhere to the comments/restrictions contained in this application.

Signature of Applicant: _____ **Date:** _____

Sign AFTER review of comments/restrictions