

Temporary Use Permit Application Revised 12.1.2023

1. PROPERTY OWNER / APPLICANT INFORMATION								
Name:								
Mailing Address:		City:	State:	Zip:				
Email Address:	Phone:							
Are you the owner of the property? ☐ Yes ☐ No	If you are <u>not the owner</u> of the subject property, what is your relationship to it (e.g., have it under contract to purchase, tenant, contractor, real estate agent):							
The property owner will check one of the following:	☐ I will represent the application myself; ☐ I hereby designate							
2. PROPERTY OWNER'S REPRESENTATIVE (This person will be the primary contact and is the authorized agent in place of the property owner)								
Representative's Name:								
Representative's Address:		City:	City: State:					
Email:		Phone:						
3. TEMPORARY USE TYPE								
Please select the proposed temporary use:	□ Batch Plant/Rock Crushing For Borrow Pit □ Farmer's Market □ Food Truck Vendor □ Temporary Contractor's Office □ Temporary Outdoor Entertain □ Temporary Outdoor Sales	9	□ Other:					
Provide a brief description of the proposed temporary activity, attach additional sheets as necessary:								
4. PROPERTY INFORMATION								
Name of Proposed Project (if applicable): Ass		sociated Case(s):						
Subject Property Address:								
Geog. Number or Property I.D.:								
Current Zoning Classification(s):		tal Site Acreage:	al Site Acreage:					



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5. EXISTING USE OF PROPERTY							
☐ Multi-Family Residential	☐ Mixed-Use	□ Comm	nercial \square	Industrial			
6. TEMPORARY STRUCTURE INFORMATION							
Are any temporary buildings or tents Proposed?	□ Tent	☐ Trailer		Metal Building	□ Other:		
Proposed structure(s) sq. ft. gross:			Proposed height of structure(s):				
7. SIGNAGE							
Will there be any proposed signage with the temporary use?	□ Yes	□ No	If yes, a si	gn permit will be required	d.		
8. PARKING INFORMATION							
Existing Parking Spaces:	Proposed Parking Spa	aces:	Number of Hand	licap Spaces:	Total Spaces:		
9. HOURS-OF-OPERATION							
Proposed date Temporary Use will start operations:			Proposed date Temporary Use will stop operations:				
Proposed Hours-of-Operations, Start:			Proposed Hours-of-Operations, Finish:				
Proposed date that Temporary Use will be set up:							
10. OWNER / REPRESI	ENTATIVE ST	TATEME	NT				
If property owner designates a representative as the coordinator for the project, this person (the applicant) shall attend all necessary meetings and public hearings, will receive the agenda, recommendations, and case reports, and will communicate all case information to other parties as required. All contact for this project will be made through the applicant listed below.							
NAME, ADDRESS, AND SIGNATURE OF ALL PROPERTY OWNERS: ALL property owners must sign. All property owners must sign unless one person has the power of attorney to sign for others and that power of attorney is submitted with the application. A managing partner in a corporation may sign and submit written authorization. If in business name or corporation, list all persons owning 6% or more. Attach separate sheet if necessary.							
ACCURACY DECLARATION:							
My signature attests to the fact that the attached application is complete and accurate to the best of my knowledge. I understand that the staff review of this application is dependent upon the accuracy of the information provided and that any inaccurate or inadequate information provided may delay review of my application or may result in denial of my request.							
Property owner's/representative's signature:				Date:			
Applicant's signature:					Date:		