

**TEMPORARY USE
PERMIT APPLICATION**

EXACT STREET ADDRESS: _____

NAME/TITLE OF EVENT: _____

DESCRIPTION: _____

DATE/S OF EVENT: _____

HOURS OF OPERATION: _____

PROJECTED ATTENDANCE: _____

CONTACT PERSON: _____ **PHONE:** _____

ADDRESS: _____

NOTE: Issuance of this permit shall be based upon the evaluation and review of information on this application and the applicants' effort to minimize adverse impacts upon adjacent property owners. **RENEWALS:** Renewal is automatic for those events where no changes in activity occur and no complaints were registered. Site plans and letter of intent are not required for such renewals. Proceed to Item III.

I You must provide the following information on your site plan (24"X 36" or smaller, to scale). You must ALSO provide ten (10) copies of the site plan 8-1/2"X11" for DCRB review, illustrating:

1. Property boundaries with the temporary use located on the plan.
 2. Traffic patterns and parking areas to be used on the site.
 3. Location of driveways and adjacent roads used by those attending the temporary use activity.
 4. Location of sanitary facilities on the property.
 5. Exact boundaries of each of the various uses on the property (games, rides, stages, beverage tents, products, etc.).
- 2 You must provide a letter of intent describing the activity, the dates involved, and the hours of operation and attach it to this application.
- 3 Will this event have amplified sound? (check one) YES ___ NO ___

Check all that apply:

music___ speaking___ rides___ games___ other___

What type of amplification will be used? _____

4 Will security personnel be employed for this event? (check one) YES ___ No___

5 What sanitary facilities will be available to the public? _____

6 How many on site parking spaces are available to the public? _____

Will parking occur off site? (check one) YES ___ NO ___

If yes, where? _____ How many spaces? _____

**Do you have signed approval from property owners providing off site parking? (check one) YES ___ NO___

7 If this event has amusement rides, have you received your State Inspection Certificate? (check one) YES___ NO___

8 Will alcohol be served? YES___ NO___

9 **If this event is held on City property, have you received your certificate of liability insurance in the minimum amount of \$1,000.00? (check one) YES ___ NO ___

(Please attach the last three items to this application if required.)

THIS PERMIT IS FOR THE EVENT, YOU ARE REQUIRED TO OBTAIN SEPARATE PERMITS FOR TENTS, ELECTRICAL WORK, BUILDING CONSTRUCTION ETC.

NOTE: APPLICATION MUST BE RECEIVED 60 DAYS PRIOR TO THE EVENT

YOU WILL BE CONTACTED ABOUT ATTENDING THE NEXT SCHEDULED PRB MEETING. YOU OR A REPRESENTATIVE OF YOUR EVENT MUST ATTEND THE MEETING.

Applicant's Signature

Date

Planning Department Approval

Date