SEASONAL/TEMPORARY USE APPLICATION

NAME: _______________________________________________________

CONTACT INFORMATION: CELL#_______________BUS. #____________

EMAIL: ________________________________________________

BUSINESS NAME_____________________________________________

BUSINESS LOCATION____________________________________________

ZONE__________

APPLYING FOR PERMITTED USE CATEGORY ____________________________

Attached:

☐ Description of use.
☐ Description of all uses in the area.
☐ Site plan
  o Include: Dimensions, access, bathrooms, storage, outside parking, outside uses, etc.
  o Plot plan (obtained from County Recorder). *If applicable.*
  o Include: location of other uses occupying the area.
☐ Building permit complete with drawings. *If applicable.*
☐ Owner approval letter with signature.

APPROVAL

City Planner_________________________________ Date______________

Building Inspector____________________________Date______________

Fire Marshall__________________________________ Date______________