



TEMPORARY USE PERMIT APPLICATION

Please read and complete this application carefully (please write legibly). All applications must be signed and dated. Attach additional sheets or include supplemental information as necessary to further explain and support your application.

APPLICANT OR AGENT:

Address: _____

Phone: _____

FAX: _____

E-Mail: _____

PROPERTY OWNER(S):

Address: _____

Phone: _____

FAX: _____

E-Mail: _____

Address of Property, Parcel ID Number(s) or General Location of Proposed Temporary Use:

DESCRIPTION OF TEMPORARY USE: *(attach plans and/or separate pages as necessary)*

Temporary Use(s), Buildings, Structures, etc: _____

Proposed Starting and Ending Dates: _____

Days and Hours of Activities (if any): _____

Type of Activities and/or Products: _____

Sanitary Facilities (trash, toilets, etc): _____

Security Measures and/or Emergency Services Provided: _____

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Utility or Services (sanitary, water, electrical, etc.): _____

Parking and loading: _____

Describe any noise, lighting, smell/odor, dust, etc. associated with the Temporary Use:
Temporary Signage (requires separate fee): _____

APPLICATION SUBMITTAL REQUIREMENTS (to be submitted at time of application):

All Amendment Applications:

- Complete Application Form (Affidavit of Understanding and signatures required)
- Application Fee
- Additional Sheet(s) needed to discuss and/or explain the temporary use being proposed
- Detailed Plat of Survey or Site Plan of the land upon which the temporary use is proposed at a scale of 1" = 50' or other suitable scale necessary to accurately present:
 - o Exterior boundary of the land subject of the map amendment
 - o Concept plan showing the general size and location of the proposed temporary use in relationship to existing property lines, buildings or structures, natural features, etc. as may be necessary to further explain and/or support the proposed temporary use.

AFFIDAVIT OF UNDERSTANDING & INTENT TO COMPLY

Please read and indicate that you understand and agree to the following (initial in box):

I understand that Village Staff, the Plan Commission and/or the Village Board may request additional information to properly evaluate this application and failure to provide such information may be sufficient justification to deny this application;

I understand that, regardless of the justification and/or information provided in support of my application, the Village is under no obligation to approve my application as requested;

I am aware that I am obligated to fulfill and continually be in compliance with any/all conditions of approval for this temporary use permit, and, that failure to do so may constitute a violation of the Village's Zoning Code and may result in the issuance of a municipal citation among other remedies.

ALL APPLICATIONS MUST BE SIGNED/DATED BY THE APPLICANT/AGENT AND PROPERTY OWNER(S)

Applicant/Agent Date

Property Owner Date

Applicant/Agent Date

Property Owner Date