

APPLICATION FOR TEMPORARY USE

For Office Use Fee: \$50.00		Date Reco	eived:	Hearing Date:	
Name of Applica	nt or Authorized Agei	nt(s):		G G	
				Zip	
				Zip	
				· · ·	
				Current Zoning:	
Existing Use of P					
Proposed Use of					
Applicant Signatu	ıre:		Date		
' '	r a Temporary Use Pe			nistrator at least 10 days prior to	
the date of the refollowing:	equested use. An app	lication for a Tem	porary Use Permit sha	Ill be accompanied by the	
•	plication completely f	filled out			
2 Let					
3 Aff					
4 Ap	plication Filing Fee				

LETTER OF INTENT

Location or Address of Property:		
Applicant:	Phone:	
Describe temporary use in detail below:		
Signature:	Date:	

PROPERTY OWNER AFFIDAVIT

COUNTY OF	§			
I (we),identified in the attached applicate other exhibits are in all respects transtruction regarding the process from making this application.	tion and that the state and correct to the	atements herein contained a best of my (our) knowledg	nd the information pro e. I also acknowledge t	that I (we) have received written
DATED this day o	f	20		
				Property Owner Signature
			*	Property Owner Signature
Subscribed and sworn/affirmed to	before me this	_ day of	, 20	
			Notary Public	
My Commission Expires:				
AGENT AUTHORIZATION AFFIDAY	VIT			
STATE OF	§			
I (we), as my (our) agent(s), (our) behalf before any administra matters pertaining to the attached	, t tive or legislative b application.	the owner(s) of the real prop , to represent me (us) ody in the City considering	erty described in the att regarding the attached a this application and to	tached application, do authorize application and to appear on my act in all respect as our agent in
DATED this day o	f	20		
				Property Owner Signature
Subscribed and sworn/affirmed to	before me this	day of	, 20	Property Owner Signature
			Notary Public	
My Commission Expires:				