

Date Submitted & Fee Paid: _____

Permit Number: _____



TEMPORARY USE PERMIT APPLICATION

24 N. Center St, Marshalltown, IA 50158. **Ph:** 641-754-5756 **Fax:** 641-754-5742

www.ci.marshalltown.ia.us

All Items listed must be submitted with this application:

_____ A **site plan**, drawn in ink to scale. This site plan shall not be larger than 11"x17" and show parking.

_____ A **completed application for a building permit**.

_____ A **signed lease agreement** between the property owner and the applicant

_____ **Proof of insurance**.

_____ **Application fee**. A \$50 fee is required for a temporary use permit. Make check payable to "City of Marshalltown." The fee must be paid when the application is submitted.

Applicant Name: _____ Phone: _____

Applicant Address: _____ Fax: _____

Property Owner's Name: _____ Phone: _____

Property Owner's Address: _____

Address of Proposed Activity: _____

Dates of Proposed Activity: _____ **through** _____

Hours of Operation: _____

Description of Proposed Activity (attach additional information if necessary)

Is any portion of a parking lot involved? Yes _____ No _____ If Yes, how many parking spaces will be taken up for the activity? _____

Describe the type of equipment/materials to be used that might create noise, hazardous waste, or odors and provide any additional information that pertains to the temporary use: _____

Agreement: I understand the terms of the Temporary Use Permit chapter of the Zoning Ordinance of 1998. I agree to comply with the ordinance.

Signature of Applicant

Date

Signature of Property Owner

Date

FOR CITY USE ONLY

- Permission is hereby **granted** by the Public Works Director/City Engineer.
 Other:

Public Works Director/City Engineer

Date

- Permission is hereby **granted** by the Zoning Officer.
 Other:

Zoning Officer

Date