



## APPLICATION FOR TEMPORARY USE/STRUCTURE

Community Development Department  
 100 N. Appleton St. PH: 920-832-6468  
 Appleton, WI 54911 FAX: 920-832-5994

Stamp date received

### TYPE OF TEMPORARY USE OR STRUCTURE (CHECK ONE)

- Outdoor Sale of Seasonal Agricultural Products  
  Outdoor Fireworks Sales  
  Outdoor Christmas Tree Sales Lot  
 Outdoor Farmers Market  
  Portable Storage Units  
 Outdoor Temporary Merchandise Sales (describe type of sale) \_\_\_\_\_  
 Temporary Structure (describe) \_\_\_\_\_  
 Other \_\_\_\_\_

### OPERATION DETAILS

Dates Requested From \_\_\_\_\_ to \_\_\_\_\_ Total Days \_\_\_\_\_ Hours of Operation \_\_\_\_\_ am/pm to \_\_\_\_\_ am/pm  
 Tents or Canopies Y  N  If yes, number of tents/canopies \_\_\_\_\_ Sizes \_\_\_\_\_  
 Will you serve food? Y  N  Will you serve alcohol? Y  N   
 Electrical hookups? Y  N  If yes, describe \_\_\_\_\_

PROPERTY OWNER	APPLICANT (owner's agent)
Name	Name
Mailing Address	Mailing Address
Phone _____ Fax _____	Phone _____ Fax _____
E-mail	E-mail

### PROPERTY INFORMATION

Property Tax # (31-0-0000-00)	
Site Address/Location	
Legal Description of Land (may be attached as separate sheet)	
Current Uses	Current Zoning

Date	Owner/Agent Signature (Agents must provide written proof of authorization)
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OFFICE USE ONLY	
PERMIT # _____	Application Complete _____ Date Submitted ____/____/____
<input type="checkbox"/> Approved <input type="checkbox"/> Approved with conditions <input type="checkbox"/> Denied Community Development _____	
Comments/Conditions: _____	
Fee \$75.00	Acct #15020.5002    Receipt # _____    Date Paid ____/____/____

### Permit Submittal Requirements

- Completed and signed Temporary Use/Structure Permit Application
- A scaled site plan drawing, identifying the following:
  - ✓ Property lines and dimensions
  - ✓ Location of all existing structures/buildings
  - ✓ Location of on-street/off-street parking spaces
  - ✓ Location of off-street parking drive aisles
  - ✓ Location of parking lot landscaping areas
  - ✓ Location of driveways
  - ✓ Location, size and setback dimensions to property lines of the proposed temporary use
  - ✓ Location, size and setback dimensions to property lines of the proposed temporary structures (tents/canopies, trailers, portable storage units)
- Check made payable to the City of Appleton for the Temporary Use/Structure Permit Application fee.
- Owner's Letter of Authorization or owner's signature on the application authorizing the proposed temporary use and/or structure.

#### (SAMPLE) AGENT AUTHORIZATION LETTER

DATE: \_\_\_\_\_

TO: City of Appleton  
Community Development Department  
100 N. Appleton Street, Appleton, WI 54911

RE: \_\_\_\_\_  
Project name

The undersigned, \_\_\_\_\_, is the owner of property known as \_\_\_\_\_.  
(Property Owner name) (Address, tax key number)

The undersigned authorizes \_\_\_\_\_ to sign and file an application on behalf of \_\_\_\_\_  
(Agent name) (Property Owner name)  
to \_\_\_\_\_ also authorizes \_\_\_\_\_ to execute any and all  
(Describe Project) (Property Owner name) (Agent name)

other documentation and/or applications required by the City.

Executed as of the day and year first above set forth.

\_\_\_\_\_  
Signature of property owner

OFFICE USE ONLY

**Administrative Reviews**

**Recommendations: A = Approved**

**CA = Conditionally Approved**

**D = Denied**

A  CA  D  **Office of the City Clerk by:** \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_  
Comments/Reason for denial: \_\_\_\_\_  
\_\_\_\_\_

A  CA  D  **Fire Department by:** \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_  
Comments/Reason for denial: \_\_\_\_\_  
\_\_\_\_\_

A  CA  D  **Health Department by:** \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_  
Comments/Reason for denial: \_\_\_\_\_  
\_\_\_\_\_

A  CA  D  **Police Department by:** \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_  
Comments/Reason for denial: \_\_\_\_\_  
\_\_\_\_\_

A  CA  D  **Engineering Division by:** \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_  
Comments/Reason for denial: \_\_\_\_\_  
\_\_\_\_\_

A  CA  D  **Inspections Division by:** \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_  
Comments/Reason for denial: \_\_\_\_\_  
\_\_\_\_\_

A  CA  D  **Comm. Development by:** \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_  
Comments/Reason for denial: \_\_\_\_\_  
\_\_\_\_\_