



**OUTDOOR CHRISTMAS TREE SALES LOT  
TEMPORARY USE/STRUCTURE PERMIT APPLICATION**

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



**TYPE OF TEMPORARY STRUCTURES USED WITH AN OUTDOOR CHRISTMAS TREE SALES LOT**

Trailers/Warming Shelter: Y  N  If yes, number of trailers/shelters \_\_\_\_\_ Sizes \_\_\_\_\_

Other Temporary Structures:  Fencing  Tree Stand Supports  Other \_\_\_\_\_

Outdoor Christmas Tree Sales Area: \_\_\_\_\_ square feet

**OPERATION DETAILS (NOT TO EXCEED 120 TOTAL DAYS PER CALENDAR YEAR)**

Dates Requested From \_\_\_\_\_ to \_\_\_\_\_ Will you serve food/drink? Y  N

Total Days \_\_\_\_\_ Hours of Operation \_\_\_\_\_ am/pm to \_\_\_\_\_ am/pm

Electrical hookups? Y  N  If yes, describe \_\_\_\_\_

PROPERTY OWNER	APPLICANT (owner's agent)
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Name	Name
Mailing Address	Mailing Address
Phone	Phone
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
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Date	Owner/Agent Signature (Agents must provide written proof of authorization)
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<b>OFFICE USE ONLY</b>		
PERMIT # _____	Application Complete _____	Date Submitted _____
<input type="checkbox"/> Approved <input type="checkbox"/> Approved with conditions <input type="checkbox"/> Denied Community Development _____		
Comments/Conditions: _____		
Initial Location Fee: \$150.00		
Renewal Fee Same Location: \$75.00	Acct #PWZNIG	Receipt # _____ Date Paid _____

## Outdoor Christmas Trees Sales Lot Temporary Use/Structure Permit Application Submittal Requirements

**An Outdoor Christmas Tree Sales Lot, Temporary Use/Structure Permit Application IS REQUIRED for an Outdoor Christmas Tree Sales Lot.** **Outdoor Christmas Tree Sales Lot** means a temporary use that is conducted outside of an enclosed permanent building or structure on a lot where a temporary merchant displays and sells Christmas trees and related holiday items such as wreaths and Christmas tree stands to the general public.

Christmas trees sold by an existing retail business. **An Outdoor Christmas Tree Sales Lot, Temporary Use/Structure Permit Application IS NOT REQUIRED.**

**\*\* Prior to submitting your application, please contact the Community Development Department at 920-832-6466 for questions, requirements, eligibility, etc. The complete rules and regulations for all temporary uses/structures can be found in Chapter 23, Zoning Ordinance Section 23-54, which may be accessed through the City of Appleton's website at <https://www.appleton.org/government/municipal-code>.**

- 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: \_\_\_\_\_  
\_\_\_\_\_