



APPLICATION FOR TEMPORARY USE/STRUCTURE PERMIT

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 APPLICABLE BOXES)

- Outdoor Temporary Merchandise Sales (describe type of sale) _____
- Outdoor Sale of Seasonal Agricultural Products (describe products sold) _____
- Portable Storage Units (maximum 2 storage units per permit)
- Food Vendor Truck(s)/Cart(s) (not to exceed 6 months per calendar year per property tax key #)
- RV's Associated with a Construction Project or Other Situation (describe) _____
- Other Temporary Structure or Use (describe) _____

OPERATION DETAILS

- Outdoor Temporary Merchandise Sales (Not to exceed 5 days and 4 times per lot per calendar year)
- Outdoor Sale of Seasonal Agricultural Products (Not to exceed 120 total days per calendar year per lot)
- Portable Storage Units (Maximum 3 permits per business per calendar year and maximum 30 total days)
- Other Temporary Structures/Uses (Not to exceed 6 months per calendar year)

- 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 _____
- Electrical Hookups? Y N If yes, describe connections _____
- Water Hookups? Y N If yes, describe connections _____
- Sanitary Facilities? Y N If yes, describe connections or portable unit _____ and will be maintained/pumped by a licensed professional? Y N
- Will you serve food? Y N Will you serve alcohol? Y N
- Describe surface material the Portable Storage Units, Food Trucks, RV's , other Temporary Structures will be parked/placed on _____

PROPERTY OWNER APPLICANT (owner's agent)

| | | | |
|-----------------|--------|-----------------|--------|
| Name | | Name | |
| Mailing Address | | Mailing Address | |
| Phone | E-mail | Phone | E-mail |

PROPERTY INFORMATION

| | |
|-------------------------------|-----------------------|
| Property Tax # (31-0-0000-00) | Site Address/Location |
| Current Uses | Current Zoning |

| | |
|--|--|
| | |
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| | |
|-------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|
| Date | Owner/Agent Signature (Agents must provide written proof of authorization) |
| 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: _____ | |
| Initial Location Fee: \$150.00 Renewal Fee Same Location: \$75.00 Acct #PWZNIG 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: _____
