



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 \$50.00	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: _____
