

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.

"EXHIBIT A"

(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: _____