



TEMPORARY USE PERMIT APPLICATION

Name of Applicant: _____

Mailing Address: _____

Phone Number: _____ Email: _____

Name of Property Owner/s: _____

Mailing Address: _____

Phone Number: _____ Email: _____

Site Address: _____ APN: _____

Current Zoning: _____ Property Size: _____

Current Use of Property: _____

Description of Temporary Use Requested: _____

Days and Hours of operation: _____

Duration of Use: _____

Number of Parking Spaces Available: _____

Type & Number of Restroom Facilities Available: _____

Will there be a Medical Aid Station on the premises: Yes No

I hereby acknowledge that if approved, this application will be invalidated if there is any violation of the terms and conditions under which it was issued or if there is any deviation from the use described here in. I further acknowledge that this permit can be revoked for any false, erroneous, or misleading information provided with this application.

I understand that there may be conditions to be met as defined by Town staff, and that these conditions must be satisfied prior to the permit's approval. The Town of Chino Valley reserves the right to inspect the property and/or temporary structures at any time.

Applicants Signature _____ Date: _____