



Planning Department
970-224-3211

TEMPORARY USE APPLICATION

Application Type	<input type="checkbox"/> New Application <input type="checkbox"/> Renewal of Previously Approved Application
Address Temporary Use will be located	
General description of temporary use request	
Dates and times of operation, including set up and removal	
Description of proposed signs	
Description of proposed site lighting changes	
Restrooms	Indicate restroom services provided: <input type="checkbox"/> Portable facilities <input type="checkbox"/> None <input type="checkbox"/> Other:
City Services?	
Will the temporary use area be located within an established parking lot? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If answered yes to the above question:	
<ul style="list-style-type: none"> • How many parking spaces will be removed or obstructed for the temporary use? • How many parking spaces exist if the parking lot? • Will the temporary use alter or block any existing drive aisles? 	
Description of where guests, staff, vendors, etc. will park	

Contact information: *(please attach any additional contacts)*

Owner: _____	Telephone: _____
Address: _____	Fax: _____
_____	E-mail: _____
Applicant: _____	Telephone: _____
Address: _____	Fax: _____
_____	E-mail: _____

Certification: *Must be signed with BLUE INK.*

OWNER CERTIFICATION OF COMPLETED APPLICATION

Signed: _____ Date: _____



TEMPORARY USE APPLICATION

Planning Department
970-224-3211

APPLICANT CERTIFICATION OF COMPLETED APPLICATION

I certify that the information and attachments I have submitted are true and correct to the best of my knowledge. In filing this application, I am acting with the knowledge and consent of the property owners. I understand that all materials and fees required by the Town of Timnath must be submitted prior to having this application processed.

Signed: _____ Date: _____
