TEMPORARY USE APPLICATION

THIS CERTIFICATE IS A TEMPORARY USE, NOT OTHERWISE PERMITTED IN THE APPLICABLE ZONING CLASSIFICATION, APPLIES TO THE APPLICANT ONLY AND NOT TO THE PROPERTY.

Note: This Application shall be turned into Community Development at least <u>5 working days or more</u> prior to the date of the event in accordance with Section 151.06.007. of the City Development Code. Additional information or documentation may be required for other categories of temporary uses.

Date	:			
1.	Applicant Name:			
	Address:			
2.	Property Owner Name:			
	Address:			
3.	Tax Parcel ID No. (for property with the temporary use) _			
4.	If applicant is not the property owner, is written permission	on from the property owner to conduct this activity attached?	Yes	No
5.	Location of proposed use:			
6.	Description of use being requested:			
7.	Dates and hours of proposed activity:			
8.	Certificate of Insurance approved by City Clerk, if requirer (\$1,000,000 for each person and \$4,000,000 for each incident.	d: The City of Sierra Vista is to be included as a co-insured)		
9.	Is tenting being used? Affidavii	it of dates tenting was last treated with flame-retardant solution:		
10.	Describe signage, if any:			
Dep loca app	artment of Community Development does not inval nation property owners or homeowners' associations. lication. Further there may be permits required by	ns or Codes, Covenants & Restrictions limiting the use of vestigate or enforce these restrictions. Any restrictions or You may wish to further investigate any restrictions by state and federal agencies, and you may wish to furthessume any responsibility to ensure that the proper perm	s are gene efore prod her invest	erally enforced be ceeding with thi igate these. Th
Sign	ature of Applicant	-		