



<b>FOR OFFICE USE ONLY</b>		<input type="checkbox"/> <b>Approved</b>
		<input type="checkbox"/> <b>Denied</b>
Permit #: _____	Fee Paid: \$ 25.00	<input type="checkbox"/>
Date Received: _____	\$ 50.00	<input type="checkbox"/>
Date Issued: _____	Date Expires: _____	
Created NOE Letter: <input type="checkbox"/> Yes <input type="checkbox"/> N/A		
Associated Permits: _____		

**PLEASE ALLOW A MINIMUM OF 2 WEEKS FOR PERMIT PROCESSING**  
**\*\*\*APPLICATIONS SUBMITTED LESS THAN 2 WEEKS IN ADVANCE WILL NOT BE ACCEPTED\*\*\***

# Temporary Use Permit

**APPLICANT:** (If different from property owner, please attach owner authorization letter )

Name: _____	Person to Contact: _____
Organization/Business: _____	
Address: _____	E-Mail: _____
<small>Street Number                      City                      State                      Zip Code</small>	
Telephone: _____	Fax #: _____ Cell or Work #: _____

**PROPERTY OWNER:**

Name: _____	Person to Contact: _____
Address: _____	E-Mail: _____
<small>Street Number                      City                      State                      Zip Code</small>	
Telephone: _____	Fax #: _____ Cell or Work #: _____

**TYPE OF USE:**

- Office Trailer** (e.g. Being used as a Temporary Office for displaced employees)
- Construction Trailer** (e.g. Being used as a storage trailer for construction materials or contractor office)  
Please indicate which project this will be associated with: \_\_\_\_\_
- Construction Fence**
- Outdoor Sales Display**
- Other (describe):** \_\_\_\_\_

**CHECK ALL THAT APPLY:**

- The event will occur on more than one calendar day.**
- Any part of the event will occur after 8 p.m. or before 8 a.m.**
- Attendance at the event is anticipated to exceed 200 people.**
- Alcoholic beverages will be served during the event.**
- Live or amplified sound will occur during the event.**

**LOCATION:** \_\_\_\_\_  
\_\_\_\_\_

**NEAREST CROSS-STREET(S):** \_\_\_\_\_

**REQUESTED USE DATE(S):** From: \_\_\_\_\_ To: \_\_\_\_\_

**REQUESTED USE HOURS(S):** From: \_\_\_\_\_ **A.M. / P.M.** To: \_\_\_\_\_ **A.M. / P.M.**  
(Circle One) (Circle One)

**DAYS OF THE WEEK REQUESTED:** \_\_\_\_\_

- |  | <u>Yes</u>               | <u>No</u>                |
|--|--------------------------|--------------------------|
| 1) Will a tent or other structure be erected on site? _____                            | <input type="checkbox"/> | <input type="checkbox"/> |
| 2) Will electricity be needed on site? _____   | <input type="checkbox"/> | <input type="checkbox"/> |
| 3) Will a generator be used to provide electricity on the site? _____                  | <input type="checkbox"/> | <input type="checkbox"/> |
| 4) Will a fence be constructed? _____  | <input type="checkbox"/> | <input type="checkbox"/> |
| 5) Will restrooms be available on site? _____  | <input type="checkbox"/> | <input type="checkbox"/> |
| 6) Will portable toilet and hand-washing facilities be on site? _____                  | <input type="checkbox"/> | <input type="checkbox"/> |
| 7) Will there be lighting used for illumination at night? _____                        | <input type="checkbox"/> | <input type="checkbox"/> |
| 8) Will there be any signs, or banners? <b>(Temporary Sign Permit required.)</b> _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 9) Is the site located on a developed parking lot? _____                               | <input type="checkbox"/> | <input type="checkbox"/> |
| 10) Is the site paved? _____   | <input type="checkbox"/> | <input type="checkbox"/> |
| 11) Does the site have curb, gutter, and sidewalk? _____                               | <input type="checkbox"/> | <input type="checkbox"/> |
| 12) Does the site have an access driveway? _____                                       | <input type="checkbox"/> | <input type="checkbox"/> |

**PROVIDE A SITE PLAN** (ATTACH A SEPARATE SHEET IF NECESSARY)

**On the site plan, please include and label the following information:**

- |   |  |
|---|--|
| <input type="checkbox"/> Adjacent streets and buildings   | <input type="checkbox"/> Type of parking surface               |
| <input type="checkbox"/> North arrow  | <input type="checkbox"/> Number of parking stalls for use      |
| <input type="checkbox"/> Location of existing structures and any proposed temporary structures and their uses | <input type="checkbox"/> Generators or source of electricity   |
| <input type="checkbox"/> Any proposed fencing (including height & type)                                       | <input type="checkbox"/> Vehicles or trailers                  |
| <input type="checkbox"/> Restroom facilities or portable toilets  | <input type="checkbox"/> Location and size of signs or banners |
| <input type="checkbox"/> Parking areas and driveway entrances   | <input type="checkbox"/> Trash containers or dumpsters         |



**PROVIDE A DETAILED DESCRIPTION OF THE USE, INCLUDING SECURITY, IF OUTDOOR SALES DISPLAY:**

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**DESCRIBE CLEAN-UP AND WASTE REMOVAL:**

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**I have read and understand the Commerce City Temporary Use Regulations and agree to abide by them. This includes removing the Temporary Structure upon expiration of this permit.**

\_\_\_\_\_  
*Applicant's Signature*

\_\_\_\_\_  
*Date*