



TOWN USE ONLY:

Permit No: _____

Approved: _____

Fee Amt: **\$100.00** Date Pd: _____

**TEMPORARY USE PERMITS
FLOWERS, CHRISTMAS TREES, PUMPKIN SALES, FIREWORKS
PROCEDURAL GUIDE**

1. Applicant Name:
2. Business/Organization Name (if applicable):
3. Applicant's Residential Address or Business/Organization's Address:
4. Applicant's or Business/Organization's Mailing Address (if different):
5. Email Address:
6. Phone # Cell # Fax #
7. Type of Temporary Use:
8. Location of Temporary Use (Please use a physical address, two intersecting streets or legal description where appropriate):
9. Current Zoning of Location:
10. Owner of Property (If the applicant is not the owner of the property, the name and address of the owner shall be supplied along with authorization that the applicant is the agent of the owner or is authorized to use the property and may apply for the Temporary Use Permit)
11. Start Date: mm/dd/yy End Date: mm/dd/yy
12. Start Time: (HH:MMam/pm) End Time: (HH:MMam/pm)
13. Number of Shifts: Number of Employees per Shift:
 - **SITE PLAN (REQUIRED)** - please attach a site plan (see site plan requirements in the Procedural Guide)
14. Will your temporary use include any of the following? Check all that apply.
 - a. Generator** If yes, generator size/type:
 - b. Inflatables/hot air balloons**
 - c. Water or electrical hook-ups**



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- d. Banners/decorations If yes, banner size:
- e. Temporary fencing
- f. Open flames/cooking
- g. Tent** or Canopy**
 - i. Size: _____ quantity: _____
 - ii. Vendor:
 - Name: _____
 - address: _____
 - e-mail: _____
 - phone #: _____
 - iii. How will the tent or canopy be secured?
 - Buckets
 - Sand bags
 - Other: _____
 - iv. **Provide fire retardant slip (available from Tent/Canopy Vendor)**
 - v. All tents and canopies must be approved by the fire district within which the temporary use is proposed (Northwest Fire, Avra Valley, Mountain Vista, Picture Rocks, Rural Metro etc.)
 - vi. Tents and canopies require an inspection by a Town building inspector.
Please call 382-2637 by 3:00 pm the day prior to desired inspection date.

16. Describe Sanitation/Facilities Plan, if any (toilet & hand washing facilities, trash receptacles, clean up

17. Describe lighting proposed for sales areas, sanitation facilities, parking areas and areas of pedestrian travel (NOTE: All lighting must comply with the Town of Marana Outdoor Lighting Code)



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18. If temporary parking areas are to be provided, describe parking layout and traffic circulation. Provide plan if necessary:

RELEASE AND INDEMNIFICATION AGREEMENT

I hereby certify that I have read and examined this temporary use permit application and attest that the information provided with this application is correct to the best of my knowledge. I acknowledge that all provisions of laws and ordinances governing this temporary use must be complied with whether specified herein or not, and that the granting of a permit does not presume to give authority to violate or cancel the provisions of any other federal, state, county, or Town laws regulating this temporary activity. Additionally, I understand there may be additional steps I must complete or other departments/agencies I must contact for approval of licenses, building permits or site plan approvals. I further acknowledge that the temporary use permit may be revoked if any conditions or stipulations are not met.

Applicant Signature: _____

Date: _____