

APPLICATION FOR A TEMPORARY USE PERMIT IN WHITESIDE COUNTY			FOR OFFICE USE ONLY
Flood Zone ___	Floodway ___	Rezoning Required Yes ___ No ___ Zoning Class Required _____	P.I.N.: ___-___-_____-
Other Approval Required	Appl. Date	Date Appr.	Application No.:
State Joint Permit			Issue Date :
Elevation Certificate			Township :
Storm-water Management Plan			Zoning Class. :
Notification Date: _____	Time: _____	Fire Dist.: _____	Census: / _____
			Fee Paid :

I. APPLICANT INFORMATION

If the applicant is an organization, corporation, partnership or other association of individuals, please list the names and post office addresses of any affiliate of the applicant on the back of this form.

A. Applicant: _____ Date: _____
 Address : _____
 _____ Signature: _____

If the applicant will not be the operator of the temporary use, please list the names and post office addresses of the individual, organization, corporation, partnership or other association of individuals, who or which will be the operator, using the back of this form if necessary.

B. Operator: _____
 Address : _____

C. Has the applicant or operator ever:

1. received a temporary use permit in Whiteside County?
 Yes ___ No ___ Date received _____

2. been denied a temporary use permit in Whiteside County?
 Yes ___ No ___ Date received _____

II. PROPERTY INFORMATION

A. Legal description: Please attach a copy of the recorded deed to the property for which the special use is being requested. Also, list the names of any other persons having a proprietary interest in the property on the back of this form.

B. Property size: _____

C. Water Supply: Existing ___ Permit Applied For ___

D. Sanitary Sewer System: Existing ___ Permit Applied For ___

E. Present Use of Property: _____

TEMPORARY USE APPLICATION
(Cont.)

III. TEMPORARY USE INFORMATION

A. Proposed Use: _____

B. Proposed Hours of Operation: ____ - ____ C. Days: ____ - ____

D. Number of Persons Employed: ____ E. Number of Vehicles Used: ____

F. Number of Off-Street Parking Spaces Available: _____

G. Will any flammable or explosive materials be used or stored on site? Yes ____ No ____

If yes, what are these materials? _____

IV. ATTACHMENTS

Please attach copies of the following if applicable:

- A. Any Federal, State or County permits required for the purposed use.

- B. A site plan showing the use, height and location of any buildings or other structures located on or which the applicant proposes to locate on the property.

- C. Any other information that may be required by the Development Office.

TEMPORARY USE APPLICATION
(Cont.)

I., A. (Cont)

Name: _____

Address: _____

Name: _____

Address: _____

I., B. (Cont)

Name: _____

Address: _____

Name: _____

Address: _____

II., A. (Cont)

Name: _____

Address: _____

Name: _____

Address: _____

PLOT PLAN INSTRUCTIONS

Draw out the entire tract of land as described in the Legal Description on the front of the application, giving the exact size of said tract, and showing the access road(s). Draw all existing buildings or structures as they are now located on the property. Also, any buildings that are proposed to be built and mark them with a "P". Mark the building that will be used for the Temporary Use with an "X". Show area(s) to be used for parking and indicate the location(s) of sanitary facilities.

