



TEMPORARY USE APPLICATION

6100 219th Street SW, Suite 200
Mountlake Terrace, WA 98043
Phone 425.744.6267 Fax 425.775.0420
PermitSpecialist@ci.mlt.wa.us
www.cityofmlt.com

Application # _____

- Carnivals/Fairs Special Event Temporary Tents & Canopies Miscellaneous

Job Site Address _____

Detailed Description of the Proposed Temporary Use (Please be as complete as possible. Use additional pages if necessary) _____

Is the event to benefit a charitable organization? _____ No _____ Yes

If yes, list the name of the non-profit recipient. _____

CONTACT INFORMATION

OWNER

Name _____
Address _____
City _____ State _____ Zip _____
Ph _____ Fax _____
E-mail _____
Contact Name _____
Ph _____ Fax _____
E-mail _____

APPLICANT

Name _____
Address _____
City _____ State _____ Zip _____
Ph _____ Fax _____
E-mail _____
State Lic. # _____
City Lic. # _____

General Information:

1. Zoning of Property _____
2. Date(s) of Use _____ Hours of Operation _____
3. Square Footage of Tents & Canopies _____

I certify to the best of my knowledge, the information provided on this application is true and correct.

Sign **Owner / Agent** _____ **Date** _____

Print **Owner / Agent** _____ **Date** _____

OFFICE USE ONLY

Received by _____ Date _____

Application Fee \$ _____ No Fee _____ Receipt Number _____

**Temporary Use Application Terms & Conditions
Filing Requirements**

The items checked shall be submitted for review.

- Temporary Use Permit Application form completed, signed and notarized.
- Filing Fee, paid.
- A signed and notarized authorization from the property owner allowing the temporary use on the subject property.
- A drawing of the site, plot plan to scale, showing the location of existing buildings, parking areas, landscape areas, driveways, and entrances/exits. Clearly mark out the area to be used for the temporary use or function (locate all proposed structures and entrances/exits. Clearly mark out the area to be used for the temporary use or function (locate all proposed structures and objects to be used).
- Label the outside dimensions of the proposed use or use area.
- Show utilities (water, sewer, power, phone, cable, emergency power backup, other) located in proximity to the proposed use. Which will be used? How will connections be made?
- Identify what impacts the use would have on the site, site users and off site. Is this displacing or disrupting other uses or functions? Describe how and for how long? How does this setup and location minimize or eliminate conflict with other activities (be specific).
- Show that the proposal is ADA compliant (inside any structures or use areas and in vehicular use area) – on a site plan and/or building plans.
- Show and label the emergency vehicle access route. Label the width of such access in full.
- Temporary Use Business License.
- A separate electrical permit must be obtained if power service is required.
- A separate fire permit must be obtained for tent or canopy (Based on International Fire Code).
- Additional requirements may apply and be subsequently requested on a case-by-case basis.

OFFICE USE ONLY

Received By _____ Date _____

Fee \$ _____ Receipt Number _____ Date _____

Please initial, date and comment if necessary:

Recommendation	Approval	Denial	Conditions/Comments	Date
Planning				
Building				
Engineering				
Fire				
Police				