

Temporary Use Permit Application

NOTE: TEMPORARY USE PERMITS ARE VALID ONLY FOR THE SPECIFIED TIME AND LOCATION LISTED ON THE PERMIT. PRINT CLEARLY OR TYPE AN ANSWER TO EVERY QUESTION. IF ANY REQUIRED INFORMATION IS NOT PROVIDED AT THE TIME OF APPLICATION, THE APPLICATION WILL BE HELD FOR ONLY A PERIOD OF 90 DAYS, AFTER WHICH TIME A NEW APPLICATION MUST BE SUBMITTED.

*Temporary Uses are required to obtain a Fairfield Town Business License or renew an existing business license prior to issuance.

(Please Print)

Applicants Name: _____ Phone: _____
Mailing Address: _____ Town: _____ State: _____ Zip: _____
Email: _____ Name of Event: _____
Business Name: _____ Business Entity # _____
Special Event Sales Tax # _____ *Provided by Utah State Tax Commission*
Business Phone # _____ Email: _____
Business Owners Name: _____ Phone # _____
Email: _____
Property Owner: _____ Phone # _____
Type of Sales: _____
Period of Sales (Must not exceed 6 months): _____
Hours of Operation: _____
Type of Structure: _____
Type of Signage: _____

Permanent signage requires a separate permit through the building department.

Temporary signage requires Planning Department approval.

Type of Lighting if temporary lighting is proposed: _____

Estimated # of vehicles per day: _____

Describe traffic impact on location; _____

Describe the event and list any equipment:

Check the type of Temporary Use you are applying for and complete the application:

- Temporary Sales Trailer
- Bounce House
- Mass Gathering
- Temporary Housing

- Concert
- Construction Yard - 1 year renewable
- Other: _____

Applicants must submit The following:

- A detailed site plan showing events, parking, structures, equipment, roads, accesses, closest residences, etc.
- Signed Lease agreement from legal property Owner
- Source of power: _____
- Type & number of sanitary facilities: _____
- Number of parking spaces: _____
- Requested date to begin operation: _____end operation: _____

Applicant acknowledges that the temporary use if granted, may not start prior to the indicated “Start Date” and becomes invalid upon the indicated “Expiration Date” for which the approval has been granted.

- I certify, under penalty of perjury, that this application and all information submitted as a part of this application are true, complete, and accurate to the best of my knowledge. I also certify that I am the owner of the subject property and that the authorized agent noted in this application, if any), has my consent to represent me with respect to this application and I hereby give my permission for the event listed above to be held at the above address during the listed dates and times. I acknowledge that the information given is true and correct and agree to adhere to all rules, regulations, and policies established by Fairfield Town. The undersigned agrees to waive and release all rights and claims that might be had against Fairfield Town for any and all injuries or losses suffered because of participation in, or use of, Fairfield Town facilities or services. Should any of the information or representations submitted in connection with this application be incorrect or untrue, I understand that Fairfield Town may rescind any approval or take any other legal or appropriate action. items and checklists contained in this application are basic and minimum requirements only and other requirements may be imposed that are unique to individual projects or uses. Additionally, I acknowledge that I have reviewed and understand the applicable section from the Fairfield Town Fee Schedule and hereby agree to comply with the Town Code. I also agree to allow the staff, Planning Commission, Town Council, or appointed agent(s) of the Town to enter the subject property to make any necessary inspections thereof.

Property Owner’s Approval Signature	Date	Applicant’s Signature	Date
-------------------------------------	------	-----------------------	------

The applicant is required to receive the following approvals: (staff will indicate)

- Health Department: _____
- Fire Marshal: _____
- County Sheriff: _____
- County Engineering assess permit: _____
- UDOT, access permit: _____

For office use only

Fees Paid: _____ Check #: _____ Date: _____

Fees Paid to: _____ Title: _____

Planning Commission Comments:

Administrator's Approval

Date