

**Temporary Use Application** 

1720 Riverview Drive Kalamazoo, MI 49004 P. (269) 381-8080 F. (269) 381-3550 ktwp.org



OFFICE USE ONLY
Date:
Case #:
Fee:
I

APPLICANT								
Contact Person								
Business Name (if applicable)			Email	Email				
Address			Phone		Cell Phone			
City			State		Zip Code			
PROPERTY OWNER								
☐ Check here if san	ne as above							
Name			Email					
Address			Phone		Cell Phone			
City			State		Zip Code			
			PROPERTY INFORM	ATION				
Street Address			Suite/Ap	ot. #				
Zoning District	Zoning District			Master Plan Designation				
Gross Acreage	Gross Acreage			Parcel Dimensions				
	EVENT INFORMATION							
Description of eve	Description of event/temporary use:							
REQUIRED ATTACHMENTS								
<ul> <li>A. Sketch plan to scale.</li> <li>B. Hours of Operation (Monday-Saturday, 8AM-8PM or sunset (whichever first occurs) per General Ordinance 308.006).</li> <li>C. Receipt of payment.</li> <li>D. Signed authorization from property owner if not the applicant.</li> </ul>								
FOR OFFICE USE ONLY								
Fire Department:	Approve	Deny						
Police Department:	Approve	Deny						
Building official:	Approve	Deny						
Planning & Zoning:	Approve	Deny						



**NOTE:** Application is not complete without: the application form, the application fee, and a complete site plan sketch.

AFFIDAVIT: I agree the statements made above are true, and if found not to be true, any zoning permit that may be issued may be void. Further, I agree to comply with the conditions and regulations provided with any permit that may be issued. Further, I agree the permit that may be issued is with the understanding all applicable sections of the Kalamazoo Township Zoning Ordinance will be complied with. Further, I agree to notify the zoning administrator of Kalamazoo Township for inspection before the start of construction and when locations of proposed uses are marked on the ground. Further, I agree to give permission for officials of Kalamazoo Township, Kalamazoo Area Building Authority, Kalamazoo County and the State of Michigan to enter the property subject to this permit application for purposes of inspection. Finally, I understand that this temporary use permit is only valid for a period of 30 consecutive days. If an extension is requested another 30 days may be issued upon filing of an extension request, but in no circumstance shall a temporary use be operational for more than 60 days within a calendar year.

Date	Signature of Applicant	Print Applicant Name		
Date	Signature of Property Owner	Print Property Owner Name		
FOR TOWNSHIP USE				
Date	Signature of Fire Department	Print Name		
	Signature of Police Department	Print Name		