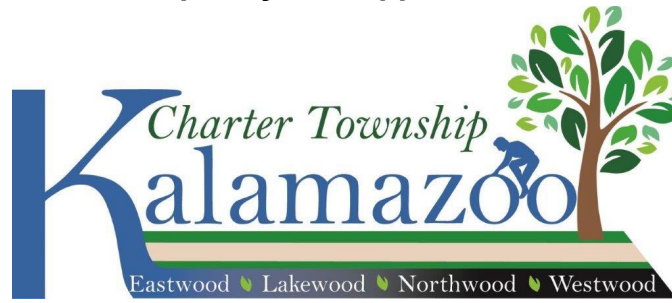




Temporary Use Application

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



OFFICE USE ONLY	
Date:	_____
Case #:	_____
Fee:	_____

APPLICANT

Contact Person		
Business Name <i>(if applicable)</i>	Email	
Address	Phone	Cell Phone
City	State	Zip Code

PROPERTY OWNER

Check here if same as above

Name	Email	
Address	Phone	Cell Phone
City	State	Zip Code

PROPERTY INFORMATION

Street Address	Suite/Apt. #
Zoning District	Master Plan Designation
Gross Acreage	Parcel Dimensions

EVENT INFORMATION

Description of event/temporary use:

REQUIRED ATTACHMENTS

- A. Sketch plan to scale.
- B. Hours of Operation (Monday-Saturday, 8AM-8PM or sunset (whichever first occurs) per General Ordinance 308.006).
- C. Receipt of payment.
- D. Signed authorization from property owner if not the applicant.

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