



TEMPORARY USE PERMIT APPLICATION

410 E. Washington Street
Iowa City, IA 52240
(319) 356-5120
FAX (319) 356-5009

Application Date: _____

• Site Address: _____

• Type of temporary use proposed: _____

• Duration of use: from _____ (date) to _____ (date)

• Dimensions of structure (if applicable): _____

• Applicant: _____

Address: _____

City: _____ State: _____ Zip: _____

Work Phone: _____ Home Phone: _____

• Property Owner: _____

Address: _____

City: _____ State: _____ Zip: _____

Work Phone: _____ Home Phone: _____

• Contact Person: _____ Phone: _____

Attachments:

Site Plan

Building elevations (if applicable)

Additional permits (i.e. electrical, sound, or sign) may be required as part of this application for a temporary use permit. Please consult with City staff.

• Zone (to be completed by City staff): _____