



For City Staff Use Only	
TUP #:	Date Submitted:
Received By:	Related Projects:

TEMPORARY USE PERMIT

The City of Lake Elsinore's Municipal Code requires that all temporary uses that occur on private property and public property with a valid licensing agreement with the City, obtain a permit prior commencing events in order to protect the public health, safety and general welfare.

PROPERTY INFORMATION

Address:	APN:
Current Use & Condition:	

CONTACT INFORMATION

Property Owner	Applicant
Name:	Name:
Mailing Address:	Mailing Address:
City/State/Zip Code:	City/State/Zip Code:
Phone:	Phone:
Email:	Email:

SUBMITTAL REQUIREMENTS

Affidavit of the property owner authorizing use of the property for the proposed use.

Statement describing the proposed use together with any data pertinent to the consideration and granting of the requested permit, including, but not limited to:

1. Number of people expected to attend at any one time;
2. Total number of people expected to attend;
3. Dates and hours of operation;
4. Demonstration of compliance with the standards and provisions of this chapter and that the conduct of the proposed use will not be detrimental to the environment, or to the public health, safety or general welfare.

If the site is on public property, a copy of the executed licensing agreement with the City.

A dimensional site plan showing the boundaries of the property where the use is proposed and illustrating the location of the major elements of the use, including parking, access and circulation, water, and sanitary facilities.

Other information and plans as may be required by the Community Development Director The Director

EVENT INFORMATION (CHECK ALL THAT APPLY)

<input type="checkbox"/> Short Term (3 consecutive days or less)	<input type="checkbox"/> Extended (Greater than 3 days but less than 30 days)
<input type="checkbox"/> Seasonal (Greater than 30 days but less than 120 days)	<input type="checkbox"/> Recreational (May 1st through October 31st)
<input type="checkbox"/> Food Concessions	<input type="checkbox"/> Sales of Goods and Services

Describe proposed work (Attach separate sheet if additional information is needed):

APPLICANT SIGNATURE

The undersigned hereby certifies that all the information in this application is true and correct; that the signatures represent all the property owners of record or authorized agent; and that permission is hereby granted to the City to inspect the property to ensure compliance with this approval and applicable City requirements.

Property Owner(s)

Name (Print):	Signature:	Date:
Name (Print):	Signature:	Date:

Authorized Agent

Name (Print):	Signature:	Date:

STAFF REVIEW

Property's Zoning:	Yes	No	N/A
Health Permit:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Business License:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Proposed Temporary Use consistent with the LEMC?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Reviewed By:

Name (Print):	Signature:	Date:

Conditions of Approval: _____
