



Temporary Use Permit Application

Fee \$275

Community Development Department

317 North Douty Street

Hanford, CA 93230

Office (559)585-2580

FAX (559)585-1633

Website: www.cityofhanfordca.com

TDD/TYY, Dial 711

All requests for a Temporary Use Permit must be submitted 30-days prior to the proposed operational date.

Project Address:		Project APN:	
Parcel Size:		Nearest Major Intersection:	
General Plan Designation:		Zone District Designation:	
Business(es) involved in Temporary Use:			
Primary Use of Business(es):			
Description of Use:			
Requested Duration:			
Will you have temporary signage?	<input type="checkbox"/> Yes <i>Signage must comply with Section 17.56.150 – Temporary Sign Standards.</i> <input type="checkbox"/> No		
Description of Mechanical Equipment (generator, etc.):			

APPLICANT INFORMATION

FINAL COMMENTS WILL BE MAILED TO THE ADDRESS PROVIDED BELOW (CHECK ONE)

MAILING ADDRESS EMAIL ADDRESS

Name			
Address			
City, State, Zip			
Phone Number			
Email Address			

ARE YOU THE PROPERTY OWNER YES NO

If signed by other than the property owner, the Agency Authorization Form on the reverse page must be completed.

Signature:		Date:	
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OFFICE USE ONLY			
DATE RECEIVED		BY:	
PROJECT NUMBER			
FILE NUMBER			

Attach the following items (check box to confirm attachment):

- Operational Statement – attach a written narrative outlining the proposed operation including any pertinent information regarding your use.
- Plans and Drawings - attach a site plan to clearly demonstrate your proposal.

Temporary Use Permit Submittal Requirements:

Submit **four** copies for review. Plans must be clear, legible and on a sheet size appropriate to identify all necessary project information. Minimum size: 8 ½ " x 11 ".

The Site Plan shall identify all of the following:

- Scale and North Arrow
- Dimensions of Property
- Existing buildings
- Location of event and amount of space to be used (dimensions)
- Proposed temporary structures
- Entrance/Exits of proposed temporary structures
- Parking spaces (include ADA) – parking spaces to be impacted by temporary use
- Vehicle path of travel
- Existing drive approaches
- Loading and storage areas
- Trash refuse area
- Existing and proposed fences/walls
- Other information that may be required to assist in evaluation of the Temporary Use.

***City Staff may request additional information.**

CITY OF HANFORD
Agency Authorization Form

OWNER:

I, _____, declare as follows:
(Property Owner's Name)

I am the owner of certain real property bearing assessor's parcel numbers(s) (APN's):

AGENT:

I designate _____, to act as my duly authorized agent
(Agent's Name) (Please type or print.)
for all purposes necessary to (list permit type) _____
relative to the property mentioned herein.

DECLARATION:

I declare under penalty of perjury the forgoing is true and correct.

Executed this _____ day of _____, 20_____.

OWNER

(Signature of Owner)

(Mailing Address of Owner)

(Owner Phone Number)

AGENT

(Signature of Agent)

(Mailing Address of Agent)

(Agent Phone Number)

APPROVED BY CITY OF HANFORD

Date: _____

(Signature)