

CITY OF GALENA, ILLINOIS

101 Green Street, P.O. Box 310, Galena, Illinois 61036



Permit Fee: _____

Date Paid: ____/____/____

TEMPORARY USE APPLICATION & PERMIT

APPLICANT INFORMATION:

Applicant or Organization _____
Contact Person _____ Phone _____ Address _____

PROPOSED TEMPORARY USE LOCATION INFORMATION:

Property Owner _____
Property Location/Address/Legal Description _____
Zoning District of Property _____ Current Use at Property _____

PROPOSED TEMPORARY USE INFORMATION:

Dates for Event _____ to _____
Hours of Operation _____ to _____

Description of proposed temporary use

_____.

Description of articles to be sold, if applicable _____

_____.

Description, with dimensions (in square feet), of proposed sales facilities or other temporary structures (ex. - tent, stand, garage, vehicle), if applicable _____

_____.

Description of how the use will not be detrimental to the public health, safety and general welfare, and that the use is consistent with the purpose and intent of the code and the specific zoning district in which it will be located _____

_____.

Description of how the use is compatible in intensity, characteristics and appearance with existing land uses in the immediate vicinity of the temporary use, and the use will not be

adversely affected by the use of activities associated with it. Factors in determining compatibility include, but are not limited to location, noise, odor, light, dust control and hours of operation_____.

Description of how the use will not cause traffic volumes to exceed the capacity of affected streets_____.

Description and maps showing how adequate off-street parking to serve the use will be provided. Provide description and maps showing that the use will not displace the required off-street parking spaces or loading areas of the principal permitted uses on the site. Applicant shall mark or highlight specific parking area to be dedicated for the Temporary Use

_____.

Map included_____

Description and map showing the proposed entrance and exits drives to the temporary use location_____.

Map included_____

Description or photos/drawings of proposed signage and signage location_____.

Drawings included_____

Description and map showing structure locations and that structures and/or display of merchandise comply with the yard and property line setback requirements of the zone district within which the use is located. (Items shall be displayed so as not to interfere with the sight visibility triangle of the intersection of the curb line of any two streets or a driveway and a street and in no case shall items be located within the public right-of-way)

_____.

Map included_____

Description of proposed drinking water, toilet facilities and crowd control provisions, if applicable _____.

Description of any proposed temporary utilities (electric etc.) and associated lighting serving the proposed use, including hours of lighting_____.

If application is for a tent sale, a certificate of fire resistant material must be included with the application. Fire safety regulations may require a number of fire extinguishers be placed within the tent.

Certificate included_____

A signed letter of consent from the existing property owners verifying that they acknowledge the time and date of the sale and confirming that they approve of the temporary use.

Letter included_____

All applicable Sales Tax License should be provided. Copy included_____

Note: There may not be any other valid temporary uses on the premises during the time of the proposed use. A minimum of 30 calendar days must have lapsed since the previous temporary use on the parcel or lot expired.

SIGNATURE OF APPLICANT_____DATE_____

SIGNATURE OF PROPERTY OWNER_____DATE_____

ZONING ADMINISTRATOR_____

☐ DENIED ☐ APPROVED

CHIEF OF POLICE_____

☐ DENIED ☐ APPROVED

APPROVED DATES: _____ TO _____

DATE APPLICATION RECEIVED_____DATE PERMIT ISSUED_____

PERMIT NUMBER FOR YEAR:1 2 3 4 MAX. FOR USE TYPE_____

