

**Planning & Building Services Department**

300 E Pike St | Crawfordsville, IN 47933

crawfordsville.in.gov | 765-364-5152

TEMPORARY USE PERMIT APPLICATION**OFFICE USE ONLY**

DOCKET # _____ FILED DATE: _____

FILING FEE: \$ _____

APPLICANT INFORMATION

Applicant Name: _____ Phone: _____

Business Name: _____ Email: _____

Address: _____

Property Owner's Name: _____ Phone: _____

Business Name: _____ Email: _____

Address: _____

Representative's Name: _____ Phone: _____

Business Name: _____ Email: _____

Address: _____

PROPERTY AND PROJECT INFORMATION

Project to be known as: _____

Address or Property Location: _____

Acreage: _____ (Attach Legal Description) Existing Land Use: _____

County Parcel ID #(s): _____

Zoning District: _____

I certify that I own or control the property involved in this application, and that the information in this application is true and correct.

Signature of Applicant/Representative_____
Print Name_____
Date

TEMPORARY USE PERMIT APPLICATION INSTRUCTIONS

For comprehensive information on ***Temporary Use Permits***, please refer to ***Chapter 8 of the Unified Development Ordinance***.

1. **Application.** Applications for a temporary use and/or event permit are made in writing on forms provided by the Department at least 30 days prior to the scheduled event. Within 5 business days of the permit application, the Administrator will inform the applicant if the submittal is complete or if additional information is needed to process the request. Within 10 business days of the permit application, the Administrator will issue a permit for applications meeting the permit requirements or notify the applicant of the areas where the permit application does not comply with the permit requirements.
1. **Supporting Documentation.** Applications must include:
 - a. The name under which the business is to be conducted, and the name, address, and telephone number of the person making the application,
 - a. A written statement describing the requested use, operations plan, traffic control, and the proposed period, and
 - b. A sketch plan showing the locations of proposed activity areas in relation to property lines and existing buildings and structures, pedestrian and vehicular circulation on the site, and parking facilities.
 - c. If a permit for encroaching into any right-of-way is required, a copy of the encroachment request must be submitted with the temporary use/event permit application.
 - d. If alcohol is sold or consumed, then proof of appropriate permits from the State of Indiana, Alcohol and Tobacco Commission is required. If cooking or eating is involved in a temporary event, outdoor café, or some other eating area, then proof of review and approval from the County Health Department must be required with the application.
 - e. If a mobile merchant, a physical description of the building or structure, vehicle, cart, or stand for which the permit is desired,
 - f. If the temporary use or event will take place on public property, a certificate of liability insurance insuring the applicant and naming the City as an additional insured with minimum coverages for personal injury of \$100,000 per person and \$300,000 per accident and property damage of \$50,000 per property and \$100,000 per accident. The applicant agrees to indemnify and hold harmless the City for losses or expenses arising out of the operation of any Mobile Merchant Activity.



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PROPERTY OWNER AFFIDAVIT

IN WITNESS WHEREOF, the undersigned, having duly sworn, upon oath says they are the owners of the property involved in this application and that they hereby acknowledge and consent to the foregoing Application.

Property Owner (Signature)

Property Owner (Printed Name)

Before me the undersigned, a Notary Public in and for said County and State, personally appeared the above party, who having been duly sworn acknowledged the execution of the foregoing instrument.

Witness my hand and Notarial Seal this _____ day of _____, 20_____.

State of _____, County of _____, SS:

Notary Public Signature

Notary Public (Printed Name)