## TEMPORARY USE PERMIT APPLICATION CHECKLIST

2222 West 14400 South, Bluffdale, UT 84065 801.254.2200 – www.bluffdale.com



Please review Title 11 Chapter 18 of the Bluffdale City Code available at <a href="www.bluffdale.com">www.bluffdale.com</a> before completing this application. Below is a list of information that is required to be submitted with the application. If any of the required information is not submitted, the application will be considered incomplete and cannot be accepted.

Fees: \$150

Staff will review the application and check for completeness before accepting any application. As part of the application, please provide the following:

Application Form
Description of the proposed temporary use
Description of the property, proposed location
Plans showing the proposed location of required parking and sanitary facilities
Proof of all required permits (e.g. mass gathering permit, food handlers permit, health department permits, etc.)
Proof of adequate liability insurance and traffic control provisions, if required
Additional materials required for occupancy of a temporary dwelling as outlined in Title 1 Chapter 18 of the Bluffdale City Code, if applicable

Other information may be submitted or required with this application which may aid the Zoning Administrator in making an informed decision.

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**PLEASE NOTE:** This application has an accompanying checklist which specifies the information required in order for your application to be processed. Before submitting the application, please review the checklist and have all the required information. **Incomplete applications will not be accepted.** 

## The following must be submitted with this application:

□ All information indicated in the attached checklist.
□ Application Fee: \$150

Date of Application:						
Subject Property Address:						
Parcel #:		Acreage:	Zone:			
Description of Request: (Use additional		eeded.)				
Duration (month/year – month/yea		Anticipated Hours of Operation:				
Applicant(s):			Contact Person:			
Address:			Address:			
City:	State:	Zip:	City:	State:	Zip:	
Phone Number:			Phone Number:			
Email:		Email:				
Property Owner(s):						
Address:			City:	State:	Zip:	
Phone Number:		Email:				
		FOR OFFICE	E USE ONLY			
Application fee: \$150			Received date:	Received by:		
TOTAL:			Amount received:	Receipt #:		
			File #:			
			Assigned to:			

## AFFIDAVIT PROPERTY OWNER

STATE OF UTAH	)		
COUNTY OF SALT LAKE	) ss )		
information provided in t	he attached plans and acknowledge I have	d other exhibits received writt	being duly sworn, depose and say that I (we) am (are) tion and that the statement therein contained and the are in all respects true and correct to the best of my en instructions regarding the process for which I am
			Property Owner)
			(Property Owner)
Subscribed and sworn to	me this day	of	, 20
			(Notary) Residing in Salt Lake County, Utah
	AG	ENT AUTHOR	ZIZATION
attached application, do me (us) regarding the atta	authorized as my (o ached application and	ur) agent(s) I to appear on 1	the owner(s) of the real property described in the to represent my (our) behalf before any administrative or legislative all respects as our agent in matters pertaining to the
			(Property Owner)
			(Property Owner)
Dated this day	of	, 20	_, personally appeared before me
acknowledge to me that t			signer(s) of the above agent authorization who duly