\$139	TransCode	3602

Application No.:	TUP	
Date Received:		
Approved By:		
Beginning Date:		
Ending Date:		

City of Hemet PLANNING DIVISION

PLANNING DIVISION
445 E. Florida Avenue, Hemet, CA 92543
(951) 765-2375
www.Hemetca.gov

TEMPORARY USE PERMIT APPLICATION

Property Information - Location	of Temporary Use	
Address:		
Name of Center:		
Zoning:		
APN:	Is the Property Vacant? ☐ Yes ☐ No	
Applicant Information –The appli	icant is the designated contact to receive materials from the City.	
Business Name:		
Business Address:		
Contact Name:		
Phone Number:	Email:	
Owner Name: Owner Address: Contact Name:	fidavit required if Applicant is not the Property Owner	
Phone Number:	Email:	
Type of Temporary Use	UNTY	
Christmas Tree SalesPumpkin SalesLand Clearing Goats	 □ Construction Trailer □ Parking Lot/Sidewalk Sales □ Other - □ Grand Opening □ Produce Stand 	
Dates and Time of Use		
Beginning Date:	Ending Date:	
Hours of Operation:		

Submittal Requirements

		Processing fee pursuant to the I Description of temporary use.	•	-
	۷.	☐ Tree flocking	□ Outdoor Food	☐ Generator or other temporary power
		☐ Amplified music	☐ Lighting	☐ Use of streets or right-of-way
		☐ Tent or Canopy	Size:	Number
		☐ Loss of parking	Number of spaces lost:	Number
		☐ Other	Number of spaces lost.	
	3.			property lines, streets, existing buildings, proposed paths, vehicular access points, parking, fire lanes,
		location of fire extinguishers, lo Owner Consent Affidavit, if the	cation of restrooms, location	on of dumpsters, and a lighting plan, as applicable.
I have and tempoccurem or properties the park	ve by by poil poil poil poil poil poil poil poil	y any associated conditions rary use permit must be disconded by the temporary use frewal of the use. I also understanding from the City of Hemeth and Business License, and frow the permanently or until such the same and permanently or until such the same and permanently or until such the same as a same and the same	of approval. I undersontinued on the date species of debris, litter, or otend that it is my responsible Departments/Divisions om all applicable County ted prior to the opening time all inspection appropriments.	corary use permits and agree to abide by them tand that the activity permitted under this ecified on this form. I agree to leave the site ther evidence of the use upon completion or bility to obtain any other applicable approvals of Fire, Building, Public Works, Engineering, and State agencies. I understand that if the of the temporary use, the City may shut down rovals have be granted. If this permit is for a conjunction with and clearly incidental to an
		ant Signature plicant Representative)	Da	ate

STAFF USE ONLY

A. REQUIRED DEPARTMENT/DIVISION APPROVALS FOR TEMPORARY USES

Department/Division	Conditions of Approval		Signature of Approval	Date	
☐ Business License	□ No	☐ Yes – sent/attached			
□ Building	□ No	☐ Yes – sent/attached			
□ Fire	□ No	☐ Yes – sent/attached			
□ Police	□ No	☐ Yes – sent/attached			
□ Engineering	□ No	☐ Yes – sent/attached			
☐ Public Works	□ No	☐ Yes – sent/attached			
□ Planning	□ No	☐ Yes – sent/attached			
□ Other	□ No	☐ Yes – sent/attached			
Comments OF HE					

INCORPORATED	

Year-to-Date (including this TUP)	(A)	77771110	Still Av	/ailak	ole
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