

COLUMBIA HEIGHTS

DATE APPLICATION RECEIVED _____



TEMPORARY EVENT PERMIT APPLICATION (Not requiring an Interim Use Permit)

***To be completed by applicant if different than Property Owner:**

*APPLICANTS PRINTED FULL NAME: _____

*APPLICANTS ADDRESS: _____

*APPLICANTS PHONE NUMBER: _____

APPLICANTS SIGNATURE

DATE

Property owner must give permission by signing below indicating consent to the temporary/promotional use at the event address.

PROPERTY OWNERS PRINTED FULL NAME: _____

PROPERTY OWNERS ADDRESS: _____

PROPERTY OWNERS PHONE NUMBER: _____

PROPERTY OWNERS SIGNATURE (If different from Applicant)

DATE

***REASON FOR REQUEST** *(Please attach a written narrative describing the nature of the event, the event address, date(s) and hours of operation, goods to be sold, and the size and location of any tents/temporary structures).* **Note: Based on the narrative provided, you may be required to contact the Anoka County Health Department and/or required to apply for an electrical permit.**

APPLICATION FEES: *There are no fees associated with this type of permit.*

ITEMS TO ACCOMPANY TEMPORARY EVENT APPLICATION:

- A. Signed letter of consent or signature of property owner on application giving permission for temporary/promotional use of property.
- B. Written narrative describing the nature of the event, event address, date(s) and hours of operation, goods to be sold, and the location and size of any tents/temporary structures being used.
- C. Site plan indicating drive aisles for fire access and where any tents will be located.

BUILDING INSPECTOR'S REVIEW/APPROVAL _____ (SEE ATTACHED FOR COMMENTS)

APPROVED

DENIED

FIRE DEPARTMENT'S REVIEW/APPROVAL _____ (SEE ATTACHED FOR COMMENTS)

APPROVED

DENIED

COMMUNITY DEVELOPMENT: NOTIFIED APPLICANT ON _____