



Community Development Department
111 North 100 East
Washington City, UT 84780
Phone (435) 656-6325
Fax (435) 656-6371
www.washingtoncity.org

Temporary Use Permit

FOR OFFICE USE ONLY
Receipt # _____
Amount \$ _____
Date Received _____

Project Location: _____ **Specific Address:** _____

Owner of Property: Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ E-Mail Address: _____

Applicant: Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ E-Mail Address: _____

Business: Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ E-Mail Address: _____

DATES OF EVENT AND TIME: _____

DESCRIPTION OF EVENT, USE OF PROPERTY AND PRODUCT BEING SOLD: _____

CONTACT PERSON FOR PROJECT OF THOSE LISTED ABOVE: _____

Please include with the application per Title 9 Chapter 19 of Washington City Ordinances:

1. A Site Plan layout of property and where event will take place, including area to be used for parking ingress, egress, streets and dimensions.
2. A statement with the proposed activity, include type, duration, hours of operation, etc.

Filing Fee: \$25 for one four-day event, \$50 for two four day events.

An individual is allowed one Temporary Use Permit per year. A permit is good for two events per calendar year, and each event not exceeding 4 consecutive days.

Signature of Applicant: _____ **Date:** _____

Signature or Consent of Owner: _____ **Date:** _____

Signature of Zoning Administrator: _____ **Date:** _____

INSURANCE VERIFICATION [] Signature of Records Office: _____

TEMPORARY SALES TAX NUMBER: _____

Signature of Police Department: _____ **Date:** _____

Comments: _____

