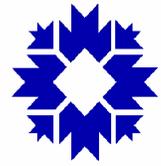


CITY OF BLOOMINGTON
Planning and Transportation Department
401 N. Morton St., Bloomington, Indiana 47404



Phone: 812-349-3423

Fax: 812-349-3520

Email: planning@bloomington.in.gov

APPLICATION FOR TEMPORARY USE PERMIT

*** MAKE CHECKS PAYABLE TO THE CITY OF BLOOMINGTON**

Date Applied: _____
 Temporary Use Address: _____
 Name of Business: _____
 Address of Parent Business (if applicable): _____

 Business Phone: _____
 Alternative Phone/Fax: _____
 Name of Applicant: _____

<p align="center"><small>(OFFICE USE ONLY)</small></p> <p>Application #: _____</p> <p>Permit Fee: \$250.00 _____</p> <p>Date Issued: _____</p> <p>Permit Reviewer: _____</p>
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A SCALED SITE PLAN IS REQUIRED WITH YOUR APPLICATION.

In order to receive a **temporary use permit**, the applicant shall submit a site plan containing the following elements:

1. Scale and North arrow;
2. Location of existing building(s), driveway(s), and parking area(s);
3. Location of temporary use activity;
4. Location and name of adjacent street frontage(s), if applicable; and
5. All proposed signage including size, location, and type.

CERTIFICATION

I am the owner or authorized agent responsible for compliance, and hereby acknowledge the following:

1. I have read this application and all related documentation and I represent that the information furnished is correct.
2. I agree to comply with all City ordinances and State statutes, which regulate construction, land use, and occupancy.
3. If any misrepresentation is made in this application, the City may revoke any Certificate issued based upon this misinformation.
4. No temporary use can be operated until a permit has been issued from the Planning and Transportation Department.

Owner or Authorized Agent Signature: _____

Date: _____

If you have questions about temporary use requirements, please call the **Bloomington Planning and Transportation Department @ 812-349-3423.**