



File #: _____
Date Received by City: _____
Fee: \$ _____

CITY OF NEW HAMPTON, IOWA TEMPORARY USE PERMIT APPLICATION

Temporary Use Permits require that this application be completed and are to be reviewed by the City Council prior to the event. Approval by the City Council shall constitute the permit, and no other paper permit will be provided. The use is only authorized if approved by the Council. If approved, the permit shall only be valid for ten (10) days or less. The administrative fee for reviewing this application and Council review shall be the same price as a "Zoning Permit".

Applicant Information:

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| Name of Applicant: |
| Applicant's Address: |
| Applicant's Telephone Number: |
| Applicant's Alternate Telephone Number (Optional): |
| Applicant's Fax Number (Optional): |
| Applicant's Email Address (Optional): |

Property Information:

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|--|
| General Address of Property in Question (parcel number, street address or road address): |
| Legal Description of Property in Question (Attach, if necessary): |

Request Information and Ordinance Standards:

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|---|
| Type of Temporary Use: Carnival or Circus _____ Festival _____ |
| Beginning Date: |
| Ending Date: |
| In determining whether a Temporary Use Permit shall be granted the City Council shall give consideration to the health, safety, morals, and comfort of area residents any adverse impact on land uses, possibility of traffic congestion, harm to public roads, erosion of adjacent property and threat to any source of water supply. Conditions and restrictions as determined necessary to protect the public health, safety, morals, and comfort may be attached to the permit. |
| City Council Comments: |

Acknowledgement and Certification of the Applicant and/or Owner:

I/We understand this application, and that it with required attachments, constitutes our entire request and that a decision shall be made based on the City Comprehensive Land Use Plan and City ordinances; this application and any attachments; and public input. I/We certify that the information we have provided to the Zoning Administrator and City Council is complete, accurate, and true to the best of our knowledge. Any intentional falsification, or change in the information, or failure to meet and maintain the requirements contained in this application, or to the attached information, shall cause: this application to become null and void; the nonrefundable fee to be forfeited; and any approved variance request to be revoked.

I/We understand the nonrefundable fee for having this application considered is \$_____. Under no circumstances shall all, or part, of this fee be refunded to applicant.

In order to address any questions or issues that may arise during this process, it is strongly suggested that the applicant/owner be present at all meetings during review of this application. Unanswered questions or unresolved issues caused by the absence of the applicant may cause the application to be rejected.

Applicant Signature

Owner Signature, if not the applicant

Date: _____

Date: _____

City Council Decision:

_____ Approved by City Council

_____ Approved by City Council with Conditions

List Conditions:

- 1.
- 2.
- 3.
- 4.
- 5.

_____ Denied by City Council

Reasons for Denial:

- 1.
- 2.
- 3.
- 4.
- 5.