



DATE SUBMITTED & FEE PAID: _____

Temporary Use Permit Application

36 N. Center Street, Marshalltown, IA 50158 Ph: 641-754-5756 Fax: 641-754-5742

All items listed must be submitted with this application:

_____ A **site plan**, drawn in ink to scale. This site plan shall not be larger than 11" X 17."

_____ Any other applicable drawings, diagrams and/or photos.

_____ Copy of **lease** if under different ownership from the property where Temporary Use is taking place.

_____ Proof of insurance if under different ownership from the property where Temporary Use is taking place.

_____ **Application fee.** A \$50 fee is required for a temporary use request. Make check payable to "City of Marshalltown." The fee must be paid when the application is submitted to the Housing Department.

Please type or print legibly in ink.

Temporary Use Location Address	
Type of Activity	
Contact person	
Contact phone number	
Contact E-mail address	
Starting Date of Temporary Use	
Ending Date of Temporary Use	
Hours of Operation	
Location of Sanitary facilities for employees	
Property Owner Name	

Applicant Signature

Date

Office Use Only

Application approved: <input type="checkbox"/> Yes <input type="checkbox"/> No	Zoning Classification:	Number of Days Approved:
Zoning Officer Signature		Date