DOUGLAS COUNTY TEMPORARY USE PERMIT APPLICATION

Zoning & Codes Department
2108 W 27th Street, Suite I, Lawrence, KS 66047
785.331.1343 | Fax: 785-331-1347 | www.douglas-county.com/depts/zc/zc_home.aspx



REQUEST Requested Temporary Use: Description of Request:						
Requested Temporary Use:						
Description of Request:						
	Description of Request:					
Current Zoning District: Length of Time Requested:	Length of Time Requested:					
PROPERTY INFORMATION						
Address (if known):						
Size in Acres: Square Feet: Sec-Township-Range Quarter Sec						
Parcel Identification Number:						
Legal Description:						
PROPERTY OWNER INFORMATION						
Name: Contact:						
Address: City State Zip Code						
Phone Number: Fax Number: Email Address:						
•						
APPLICANT INFORMATION (If Different from owner)						
Name: Contact:						
Address: City State Zip Code						
Phone Number: Email Address:						
'						
INSPECTIONS						
By submitting this application, I am allowing Douglas County staff to conduct all site inspections they deem necessary.						
VERIFICATION OF APPLICATION INFORMATION						
I certify that the above statements are true. If any of the above statements is willfully false, I understand that I am subject to punishment and that any approvals or permits granted by Douglas County in reliance upon the truthfulness of the above statements may be revoked or rescinded. Owner Authorization form must be submitted if agent is facilitating application process. See page 3 for form.						
Owner/Agent Signature: Date:						

1. Explain the type of temporary use being proposed and why it is needed:						
2. What length of time will the tempor	ary use be located o	on the property:				
3. Please note any other comments:						
3. Please note any other comments:						
4. List all structures to be erected in co	njunction with the	event (if applicat	ole):			
OFFICE USE ONLY:						
Received Application (date) :	Prepared by:					
Received Payment: \$	Check	Cash	Receipt Nu	ımher		
Date of Notice mailed to Owners/Occupa		Cusii	Receipt Ne	aniber.		
Date of Douglas County Board of Commis						
Douglas County Commissioner's Action:	Approved		Disapproved			
Conditions:						
Chairman, Douglas County Commission:				Date:		



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OWNER AUTHORIZATION

I/WE		_ , hereby referred to as the "Undersigned", being of lawful age, do				
hereby on this	day of					
1.	I/WE the Undersigned, on the date first above written, am/are the lawful owner(s) in fee simple absolute of the following described real property: See "Exhibit A, Legal Description" attached hereto and incorporated herein by reference.					
2.	I/WE the Undersigned, have previously authorized and hereby authorize					
and Codes depa property, or po	artment regarding	act on my/our behalf for the purpose of making application with Zoning (common address), the subject ion includes, but is not limited to, all acts or things whatsoever necessarily ss.				
3.	whose signature appears bel	vent the Undersigned is a corporation or partnership, then the individual ow for and on behalf of the corporation or partnership has in fact the oration or partnership to the terms and statements contained within this				
IN WITNESS TH	EREOF, I, the undersigned, have	e set my hand and seal below.				
	Owner	Owner				
	OF KANSAS 'Y OF DOUGLAS	^^^^^^				
		edged before me on this day of				
20	, by	(Print Owner(s) name).				
My Cor	mmission Expires:					
Seal		Notary Public				

TEMPORARY BUSINESS USE - SITE PLAN REQUIREMENTS

Ten (10) copies of site plan submitted to the Douglas County Zoning Office. The site plan shall show the number of persons anticipated to attend, the location of the event, and detailed information concerning the applicant's plans and procedures for the following:

- 1. Controlling traffic, parking and road conditions during the event, including provisions for off-road parking:
- 2. Addressing health and sanitation concerns at the site, including toilet and drinking water facilities and supplies adequate to meet the anticipated crowd plus a reasonable allowance for additional persons., including certification by Lawrence-Douglas County Health Department that all sanitation and health concerns have been adequately addressed in the applicant' plans:
- 3. Providing adequate illumination at the site if the event is to be held at night;
- 4. Providing security at the site, including the hiring of private security guards;
- 5. Providing adequate fire safety precaution at the site, including consultation with the township fire department and approval prior to the activity;
- 6. Evidence that the applicant has secured or can secure adequate general liability and property insurance coverage for the event;
- 7. If applicable, the serving of alcoholic beverages, including cereal malt beverage.