

# Clay County, Iowa

## Application for Temporary Use Permit

Phone: (712) 262-8165      300 West 4<sup>th</sup> Street, Suite 6      Spencer, Iowa 51301      8:00 a.m.-4:30 p.m. M-F

For questions, please contact Tammy McKeever, Clay County Zoning Administrator

### 1. LOCATION OF PROPOSED TEMPORARY USE

Street Address \_\_\_\_\_

Legal Description \_\_\_\_\_ (Lot) \_\_\_\_\_ (Block) \_\_\_\_\_ (Subdivision)

### 2. APPLICATION IS MADE BY

Name: \_\_\_\_\_ *owner/developer/agent*  
*(Please circle one)*

If applicant is not the owner, please list owner's name and address: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone or Contact Number: \_\_\_\_\_

Contractor (Name & Phone #): \_\_\_\_\_

### 3. Project Proposal

Proposed Use (Please list all events) \_\_\_\_\_

Dates & Hours of Operation \_\_\_\_\_

Will there be special parking and access arrangements? \_\_\_\_\_

Will there be any use of public roads? If yes, please explain \_\_\_\_\_

Will there be any encroachment into the public right of way? If yes, please explain \_\_\_\_\_

Will toilet facilities be available? \_\_\_\_\_

Estimated number of vehicles for the event? \_\_\_\_\_

The undersigned applicant, by signature, indicates his/her agreement to the conditions outlined in this permit, and to adhere to the Clay County temporary use regulations.

***Applicant Signature (or Authorized Representative)***

***Date***

**CLAY COUNTY TEMPORARY PERMIT APPROVAL (FOR USE BY ZONING ADMINISTRATOR ONLY)**

This application and site plan presented by the applicant has been reviewed and is determined to be in compliance with the regulations.

This permit is:  Approved  Denied as presented on this date: \_\_\_\_\_

Signed: \_\_\_\_\_ Clay County Zoning Administrator

Copy Sent to Applicant on: \_\_\_\_\_

Permit Fee Paid:  Yes  No \$\_\_\_\_\_ Permit # \_\_\_\_\_