



Zoning Division

Temporary Use Application

<p>Owner Information:</p> <p>Owner _____</p> <p>Address _____</p> <p>Phone _____</p> <p>E-mail _____</p>	<p>Applicant Information:</p> <p>Applicant _____</p> <p>Address _____</p> <p>Phone _____</p> <p>E-mail _____</p>
<p>Surveying Co: _____ E-Mail _____</p> <p>Engineer: _____ Phone _____</p>	
<p>Property Information:</p> <p>Property Address or Address Range (block)</p> <p>Brief legal(s) (Sec./Twp./Range)</p> <p>GPN(s)</p> <p>Rural Land Use Map Designation</p> <p>Current Zoning _____ Total Acres _____</p>	
<p>Submittal Requirements: Application, Fee, Minor Site Plan Drawing Proof of Insurance (if applicable) Severe Weather Plan</p>	
<p>The undersigned is/are the owner(s) of the described property on this application, located in the unincorporated area of Linn County, Iowa, assuring that the information provided herein is true and correct. I hereby give my consent for the office of Linn County Planning and Development to conduct a site visit and photograph the subject property.</p> <p>This development is subject to and shall be required, as a condition of final development approval, to comply with all Unified Development Code policies, requirements, and standards that are in effect at the time of final development approval.</p> <p>Owner _____ Applicant _____</p> <p>Date _____ Date _____</p>	
<p>Case # _____</p> <p>Receipt# _____</p>	<p>Date Received</p>

The following information shall be provided with the application:

Is the property located within a Flood Plain? YES NO

Is the Proposed Use within the Flood Plain area? YES NO

Temporary use period:

Beginning _____

Ending _____

Description of Proposed Use:

Days & Hours of Operation

Will a building or structure be used and what type?

Will there be a sign? Per Article V, section 107-94 (j) include dimension details and content.

Have you contacted the Building Division for review of applicable building code requirements?

YES NO

Restroom Facilities:

Currently provided on site.

Portable will be brought to the site.

None available.

Estimated increase in vehicle trips per day _____

Type of vehicles using facility _____

Does the property have access from a state highway? YES NO

(If yes, review with Iowa Department of Transportation at (319) 365-3558.

Number of parking spaces provided _____

The following documents shall be attached:

- **Proof of Insurance**
- **Minor Site Plan**