



City Clerk's Office
 TEMPORARY USE PERMIT Application
Indoor Event

Applicant:		File #:	
<input type="checkbox"/> Complete application received Date:		<input type="checkbox"/> Permit issued <input type="checkbox"/> Permit denied Date:	
Applicant <input checked="" type="checkbox"/>	APPLICATION REQUIREMENTS:		Staff <input checked="" type="checkbox"/>
Completed application			
Application fee – \$100.00 (or proof of 501 c(3) status)			
Site plan, including:			
<i>Date, north arrow, project name, scale (not less than 1"=50")</i>			
<i>Structure(s) to be used, including dimensions, occupancy limits, and entrances/exits to be available</i>			
<i>Outdoor parking areas, drive aisles, sediment traps (if necessary), pedestrian walkways</i>			
<i>Proposed locations and dimensions of outdoor temporary signs</i>			
<i>Floor plan of indoor activities and structures, including: booths, stages, displays, goods, vendors, events, restrooms, first aid stations, drinking water sources, garbage receptacles, generators, temporary lighting, heat or electrical sources, and cooking equipment</i>			
Written permission of property owner(s) where Indoor Event will occur			
Central District Health Dept. written approval and/or permits (if necessary)			
STAFF USE ONLY:			
City of Meridian Police Department approval			
City of Meridian Legal Department approval			
City of Meridian Planning Department approval			
City of Meridian Fire Department approval			
City of Meridian Building Services Department approval			
Courtesy copy to Mayor			

*THIS APPLICATION SHALL NOT BE CONSIDERED COMPLETE
 UNTIL STAFF HAS RECEIVED ALL REQUIRED INFORMATION.*



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APPLICANT INFORMATION

Applicant name: _____ Phone: _____

Applicant mailing address: _____

Applicant email address: _____

Applicant physical address: _____

Applicant tax identification number: _____

Name and physical address of agent upon who service of process may be made in Idaho:

PROPERTY INFORMATION

Location of Indoor Event: _____

Assessor's parcel number(s): _____

Current land use: _____ Current zoning district: _____

Applicant's interest in property: Own Rent Other _____

Owner name: _____ Phone: _____

Owner mailing address: _____

INDOOR EVENT INFORMATION

Date(s) of Indoor Event: _____ *(not to exceed 3 days per event)*

Hours of operation: _____

Name/description of building or portion of building to be used: _____

General description of Indoor Event to be conducted *(including number of vendors, type of goods/services to be sold or displayed, events/activities)*: _____

Parking area to be used *(dimensions, location, surface)*: _____



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Security personnel and equipment: _____

Crowd control measures: _____

Traffic control measures: _____

Emergency communication and evacuation plan: _____

Clean Up plan (*include dates/times + sign removal*): _____

TEMPORARY SIGN INFORMATION

Number of temporary signs: *(Two (2) temporary signs allowed, each 16 square feet max., on site only)*

Sign 1 size: _____ On-site

Sign 2 size: _____ On-site