



City Clerk's Office

TEMPORARY USE PERMIT Application
Subdivision Model Home

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|---|---|--|--|
| 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 – \$65.00 | | |
| | Site plan, including: | | |
| | <i>Date, north arrow, project name, scale (not less than 1"=50")</i> | | |
| | <i>Existing structures, trees, landscaping, poles, walls, fences, berms, parking areas, vehicular drives, pathways, signs, etc.</i> | | |
| | <i>Proposed model home, fencing, parking areas, drive aisles (include dimensions)</i> | | |
| | <i>Proposed locations of garbage receptacles</i> | | |
| | <i>Proposed locations of first aid stations, drinking water sources, and restrooms</i> | | |
| | <i>Proposed locations of temporary signs</i> | | |
| STAFF USE ONLY: | | | |
| City of Meridian Police Department approval | | | |
| City of Meridian Attorney's Office approval | | | |
| City of Meridian Planning Department approval | | | |
| City of Meridian Fire Department approval | | | |
| City of Meridian Building Services Department approval | | | |

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



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APPLICANT INFORMATION

Applicant name: Phone:
Applicant email address:
Applicant mailing address:
Applicant physical address:
Applicant tax identification number:
Agent upon whom service of process may be made in Idaho:

PROPERTY INFORMATION

Subdivision in which model home will be located:
Location of model home:
Assessor's parcel number(s):
Current land use: Current zoning district:
Applicant's interest in property: Own Rent Other
Owner name: Phone:

OPERATING INFORMATION

Date(s) of model home use:
Hours of operation:
General description of use of model home:

Persons who will operate under this permit (List both mailing and physical addresses if not same; attach additional pages if necessary):

Blank lines for listing persons who will operate under this permit.



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

Security personnel and equipment: _____

Crowd control measures: _____

Traffic control measures: _____

Emergency communication and evacuation plan: _____

Clean up and tear down plan (*include dates/times + sign removal*): _____

TEMPORARY SIGN INFORMATION

Temporary signs on-site: (*Not to exceed One (1) sign at Sixteen (16) square feet maximum*).

Size 1: _____ On-site