



# COMMUNITY DEVELOPMENT DEPARTMENT

## TEMPORARY USE PERMIT (TUP)

PROPERTY ADDRESS: \_\_\_\_\_

BUSINESS NAME: \_\_\_\_\_ CENTER NAME: \_\_\_\_\_

TYPE OF BUSINESS: \_\_\_\_\_

STARTING DATE: \_\_\_\_\_ ENDING DATE: \_\_\_\_\_ NUMBER OF DAYS: \_\_\_\_\_

APPLICATION DATE: \_\_\_\_\_

### MINOR

- |   |   |
|---|---|
| <input type="checkbox"/> CARETAKER LIVING QUARTERS          | <input type="checkbox"/> NON-COMMERCIAL TENT MEETINGS |
| <input type="checkbox"/> CHRISTMAS TREE / PUMPKIN SALES LOT | <input type="checkbox"/> OUTDOOR PREPARATION OF FOOD  |
| <input type="checkbox"/> DWELLING UNIT                      | <input type="checkbox"/> PARKING LOT SALE             |
| <input type="checkbox"/> MOBILE MEDICAL UNITS FOR HUMANS    | <input type="checkbox"/> SUBDIVISION SALES TRAILER    |
| <input type="checkbox"/> NON-COMMERCIAL CARWASH             |   |

### MAJOR

- |  |   |
|--|---|
| <input type="checkbox"/> CIRCUS WITH TENT                      | <input type="checkbox"/> OFFICE DURING CONSTRUCTION |
| <input type="checkbox"/> FAIR, CONCERT, EXHIBIT OR SIMILAR USE | <input type="checkbox"/> VAPOR RECOVERY             |

### APPLICANT INFORMATION

Contact Name: \_\_\_\_\_

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

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

Daytime Telephone: (\_\_\_\_\_) \_\_\_\_\_ Facsimile: (\_\_\_\_\_) \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

*I have read the City's regulations concerning temporary use permits and agree to abide by them. I understand that the activity permitted under this TUP must be discontinued on the ending date specified on this form. Where this permit is for a parking lot or sidewalk sale, I certify that the sales are in conjunction with and clearly incidental to an existing permanent use on-site. I further understand that flags, pennants, banners, portable signs, or other types of promotional paraphernalia are prohibited by the Riverside Municipal Code.*

\_\_\_\_\_  
PROPERTY OWNER'S OR AUTHORIZED REPRESENTATIVE'S SIGNATURE      DATE

\_\_\_\_\_  
APPLICANT'S SIGNATURE      DATE

# TEMPORARY USE PERMIT (TUP)

**STAFF USE ONLY**

**REQUIRED DEPARTMENT / AGENCY REVIEWS**

AGENCY NAME	SIGNATURE & DATE:	COMMENTS/ CONDITIONS:
<input checked="" type="checkbox"/> <b>Planning Division</b> (3900 Main Street, 3 <sup>rd</sup> Floor)	_____	_____
<input checked="" type="checkbox"/> <b>Business Tax</b> (3900 Main Street, 6 <sup>th</sup> Floor)	_____	_____
<input type="checkbox"/> <b>Fire Department</b> (3900 Main Street, 3 <sup>rd</sup> Floor)	_____	_____
<input type="checkbox"/> <b>Police Department</b> (8181 Lincoln Avenue)	_____	_____
<input type="checkbox"/> <b>BUILDING Division</b> (3900 Main Street, 3 <sup>rd</sup> Floor)	_____	_____
<input type="checkbox"/> <b>Public Utilities (Water)</b> (3901 Orange Street)	_____	_____
<input type="checkbox"/> <b>Public Utilities (Electric)</b> (3901 Orange Street)	_____	_____
<input type="checkbox"/> <b>County Health Department</b> (4065 County Circle)	_____	_____
<input type="checkbox"/> <b>Industrial Waste</b> (5950 Acorn Street)	_____	_____
<input type="checkbox"/> <b>Other</b>	_____	_____

*TOTAL NUMBER OF TUP FOR THIS ADDRESS*

**YEAR TO DATE:** \_\_\_\_\_

**STILL AVAILABLE:** \_\_\_\_\_

**CASE NUMBER:** \_\_\_\_\_

**FEES:** \_\_\_\_\_

**PLANNER'S INITIALS:** \_\_\_\_\_

**SUBMITTAL DATE:** \_\_\_\_\_

**NOTES:**

3900 Main Street – Third Floor, Riverside, CA 92522  
 Phone: (951) 826-5371 / Fax: (951) 826-5981  
[www.riversideca.gov/planning](http://www.riversideca.gov/planning)