



COMMUNITY DEVELOPMENT DEPARTMENT PLANNING DIVISION

TEMPORARY USE PERMIT (TUP)

Location Information

Property Address: _____
Business Name: _____ Center Name: _____
Type of Business: _____

General Information

Applicant Name: _____ Phone Number: _____
Applicant Address: _____ City _____ Zip _____
Emergency Contact and Number: _____

Activity Description

- | | |
|---|---|
| <input type="checkbox"/> CAR SHOW | <input type="checkbox"/> MOBILE MEDICAL UNIT FOR HUMANS |
| <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"/> CIRCUS WITH OR WITHOUT TENT (\$514.50) | <input type="checkbox"/> OUTDOOR SALES EVENT _____ |
| <input type="checkbox"/> DWELLING UNIT | <input type="checkbox"/> SUBDIVISION SALES TRAILER |
| <input type="checkbox"/> ENTERTAINMENT - TRIAL BASIS (\$514.50) | <input type="checkbox"/> TEMPORARY HOLIDAY STORAGE CONTAINERS |
| <input type="checkbox"/> FAIR, CONCERT, EXHIBIT OR SIMILAR USE | <input type="checkbox"/> VAPOR RECOVERY |
| <input type="checkbox"/> FRUIT STAND | |

Full Description of proposed activity (attached additional sheets as needed):

Name of Event: _____
Sponsoring Business: _____
Starting and Time Date: _____ Ending Date and Time: _____
Total Number of Days: _____ Anticipated Attendance: _____

Check all that Apply

- | | |
|--|---|
| <input type="checkbox"/> ALCOHOL SALES | <input type="checkbox"/> PAID ADMISSION |
| <input type="checkbox"/> DISC JOCKEY | <input type="checkbox"/> PRIVATE SECURITY |
| <input type="checkbox"/> GENERATORS OR OTHER TEMPORARY POWER | <input type="checkbox"/> RECORDED/AMPLIFIED MUSIC |
| <input type="checkbox"/> INVITED GUESTS ONLY | <input type="checkbox"/> STAGE |
| <input type="checkbox"/> LIVE BANDS | <input type="checkbox"/> WATER |
| <input type="checkbox"/> OUTDOOR FOOD | |

Specify: _____

TEMPORARY USE PERMIT (TUP)

STAFF USE ONLY

REQUIRED DEPARTMENT / AGENCY REVIEWS

AGENCY NAME	SIGNATURE & DATE:	COMMENTS/ CONDITIONS:
<input checked="" type="checkbox"/> Planning Division (3900 Main Street, 3 rd Floor)	_____	_____
<input checked="" type="checkbox"/> Business Tax (3900 Main Street, 6 th Floor)	_____	_____
<input type="checkbox"/> Fire Department (3900 Main Street, 3 rd Floor)	_____	_____
<input type="checkbox"/> Police Department (10540 Magnolia Avenue)	_____	_____
<input type="checkbox"/> BUILDING Division (3900 Main Street, 3 rd Floor)	_____	_____
<input type="checkbox"/> Public Utilities (Water) (3901 Orange Street)	_____	_____
<input type="checkbox"/> Public Utilities (Electric) (3901 Orange Street)	_____	_____
<input type="checkbox"/> County Health Department (4065 County Circle)	_____	_____
<input type="checkbox"/> Industrial Waste (5950 Acorn Street)	_____	_____
<input type="checkbox"/> Other	_____	_____

TOTAL NUMBER OF TUP FOR THIS ADDRESS

YEAR TO DATE: _____

STILL AVAILABLE: _____

CASE NUMBER: _____

FEES: _____

PLANNER'S INITIALS: _____

SUBMITTAL DATE: _____

NOTES:

APPLICANT INFORMATION

Contact Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Daytime Telephone: (_____) _____ Facsimile: (_____) _____

E-Mail Address: _____

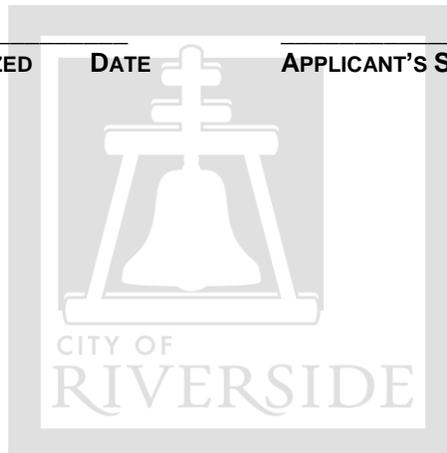
I have read the City's regulations concerning temporary use permits and agree to abide by them. I understand that the activity permitted under this TUP must be discontinued on the ending date specified on this form. Where this permit is for a parking lot or sidewalk sale, I certify that the sales are 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



3900 Main Street – Third Floor, Riverside, CA 92522
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www.riversideca.gov/planning