



# Temporary Use Permit Application

Fee \$275

Community Development Department

317 North Douty Street

Hanford, CA 93230

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Website: [www.cityofhanfordca.com](http://www.cityofhanfordca.com)

TDD/TYY, Dial 711

**All requests for a Temporary Use Permit must be submitted 30-days prior to the proposed operational date.**

|  |  |                             |  |
|--|--|-----------------------------|--|
| Project Address:                                       |  | Project APN:                |  |
| Parcel Size:   |  | Nearest Major Intersection: |  |
| General Plan Designation:                              |  | Zone District Designation:  |  |
| Business(es) involved in Temporary Use:                |  |                             |  |
| Primary Use of Business(es):                           |  |                             |  |
| Description of Use:                                    |  |                             |  |
| Requested Duration:                                    |  |                             |  |
| Will you have temporary signage?                       | <input type="checkbox"/> <b>Yes</b> Signage must comply with Section 17.56.150 – Temporary Sign Standards.<br><input type="checkbox"/> <b>No</b> |                             |  |
| Description of Mechanical Equipment (generator, etc.): |  |                             |  |

| APPLICANT INFORMATION  |  |       |  |
|--|--|-------|--|
| FINAL COMMENTS WILL BE MAILED TO THE ADDRESS PROVIDED BELOW (CHECK ONE)  |  |       |  |
| <input type="checkbox"/> MAILING ADDRESS <input type="checkbox"/> EMAIL ADDRESS                                  |  |       |  |
| Name   |  |       |  |
| Address  |  |       |  |
| City, State, Zip   |  |       |  |
| Phone Number   |  |       |  |
| Email Address  |  |       |  |
| ARE YOU THE PROPERTY OWNER <input type="checkbox"/> YES <input type="checkbox"/> NO                              |  |       |  |
| If signed by other than the property owner, the Agency Authorization Form on the reverse page must be completed. |  |       |  |
| Signature:   |  | Date: |  |

| OFFICE USE ONLY |     |
|-----------------|-----|
| DATE RECEIVED   | BY: |
| PROJECT NUMBER  |     |
| FILE NUMBER     |     |

**Attach the following items (check box to confirm attachment):**

- Operational Statement – attach a written narrative outlining the proposed operation including any pertinent information regarding your use.
- Plans and Drawings - attach a site plan to clearly demonstrate your proposal.

**Temporary Use Permit Submittal Requirements:**

Submit **four** copies for review. Plans must be clear, legible and on a sheet size appropriate to identify all necessary project information. Minimum size: 8 ½ “ x 11 “.

The Site Plan shall identify all of the following:

- Scale and North Arrow
- Dimensions of Property
- Existing buildings
- Location of event and amount of space to be used (dimensions)
- Proposed temporary structures
- Entrance/Exits of proposed temporary structures
- Parking spaces (include ADA) – parking spaces to be impacted by temporary use
- Vehicle path of travel
- Existing drive approaches
- Loading and storage areas
- Trash refuse area
- Existing and proposed fences/walls
- Other information that may be required to assist in evaluation of the Temporary Use.

**\*City Staff may request additional information.**

**CITY OF HANFORD  
Agency Authorization Form**

**OWNER:**

I, \_\_\_\_\_, declare as follows:  
*(Property Owner's Name)*

I am the owner of certain real property bearing assessor's parcel numbers(s) (APN's):

\_\_\_\_\_

**AGENT:**

I designate \_\_\_\_\_, to act as my duly authorized agent  
*(Agent's Name) (Please type or print.)*

for all purposes necessary to (list permit type) \_\_\_\_\_  
relative to the property mentioned herein.

**DECLARATION:**

I declare under penalty of perjury the forgoing is true and correct.

Executed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

**OWNER**

\_\_\_\_\_  
*(Signature of Owner)*

\_\_\_\_\_  
*(Mailing Address of Owner)*

\_\_\_\_\_  
*(Owner Phone Number)*

**AGENT**

\_\_\_\_\_  
*(Signature of Agent)*

\_\_\_\_\_  
*(Mailing Address of Agent)*

\_\_\_\_\_  
*(Agent Phone Number)*

**APPROVED BY CITY OF HANFORD**

\_\_\_\_\_ Date: \_\_\_\_\_  
*(Signature)*