



**City of Fillmore  
Temporary Use Permit Application**

250 Central Avenue  
Fillmore, California 93015  
(805) 524-3701 FAX: (805) 524-7058

AC Number

Organization/Applicant: \_\_\_\_\_  Site Plan Attached

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

Location of Temporary Use: \_\_\_\_\_

Property Owner (if different): \_\_\_\_\_

Description of Temporary Use: \_\_\_\_\_

Dates of Temporary Use: \_\_\_\_\_

**ADDITIONAL REQUIREMENTS:**

1. Will the use involve the sale or serving of food to the public?
2. Does the use include a parade?
3. Does the use include amplified music?
4. Is the use located on city property, such as streets or sidewalk?
5. Is the use located at a city park or building?

YES	NO

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Property Owner's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**City Department Clearances**

	<u>APPROVED BY</u>	<u>DATE</u>
Fire Department: <input type="checkbox"/> Conditions Attached	_____	_____
Sheriff's Department: <input type="checkbox"/> Conditions Attached	_____	_____
Public Works Department: <input type="checkbox"/> Conditions Attached	_____	_____
Engineering Department: <input type="checkbox"/> Conditions Attached	_____	_____
Resource Recovery: <input type="checkbox"/> Conditions Attached	_____	_____
Other: <input type="checkbox"/> Conditions Attached	_____	_____

**Planning Department Use Only:**

Temporary use approved for: \_\_\_\_\_ Approved by: \_\_\_\_\_  
(DATE)

Conditions Attached Fee: \$ \_\_\_\_\_ Date Paid: \_\_\_\_\_ Receipt Number: \_\_\_\_\_

Complete removal of materials by: \_\_\_\_\_  
(Date & Time)