

Town of Polk
Washington County, Wisconsin
APPLICATION for TEMPORARY USE PERMIT

OFFICE USE # _____

Name of Property Owner: _____

Address: _____

Phone: _____ Email: _____

Name of Applicant (if different from Property Owner): _____

Address: _____

Phone: _____ Email: _____

Property Description:

Address: (if different than Property Owner) _____

Tax Key # _____ Current Zoning: _____
(if additional parcels, please attach as separate sheet)

Zoning of adjoining properties:

A. Tax Key # _____ Current Zoning: _____

B. Tax Key # _____ Current Zoning: _____

C. Tax Key # _____ Current Zoning: _____

D. Tax Key # _____ Current Zoning: _____
(if additional properties, please attach as separate sheet)

Current Use of Property (please describe): _____

Temporary Use:

Description of Temporary Use: (please specify, as per Section 2.05(7) of Chapter 17: Zoning Ordinance):

Starting Date: _____ Ending Date: _____

Anticipated Number of Visitors: _____

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Days of operation: Mon-Fri: _____ Sat: _____ Sun: _____

Hours of operation: Open: ____:____ Close: ____:____ 24 hr. _____

Sanitary facilities (trash receptacles, toilets, etc.): _____

Method of property security: _____

Probable offsite impacts associated with Temporary Use (noise, lighting/glare, odor, dust, etc.):

Temporary Use Site Map (a description and the location of the following shall be shown on the map, as applicable):

____ Erosion control	____ Parking and loading plan	____ Signage plan
____ Lighting plan (location	____ Screening plan	____ Waste removal plan

Other:

Will any type of music be part of this proposal? Yes _____ No _____

If yes (check all that apply): Pre-recorded: _____ Live: _____

Indoor: _____ Outdoor: _____

Monday through Thursday	Proposed start time: ____:____	Proposed end time: ____:____
Friday and Saturday	Proposed start time: ____:____	Proposed end time: ____:____
Sunday	Proposed start time: ____:____	Proposed end time: ____:____

Living Quarters (if applicable):

Description of Structure(s): _____

Total number occupants: _____

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Additional information you would like considered during review: _____

(please attach as separate sheet if additional space is required)

General Requirements:

(This Application shall be completed in full. Please confirm that you have read the general requirements below by placing a mark where indicated.)

- ___ The temporary use or structure shall not be detrimental to property or improvements in the surrounding area or to the public health, safety, or general welfare
- ___ Permanent alterations to the site related to the temporary use or structure are prohibited
- ___ If the property is undeveloped, it shall contain sufficient land area to allow the temporary use or structure to occur, as well as any parking and traffic circulation as required that may be associated with the temporary use, without disturbing sensitive or protected natural resources including 100-year floodplains and required landscaping
- ___ If the property is developed, the temporary use shall be located in an area that is not actively used by an existing approved principal use, and that would support the proposed temporary use without encroaching or creating a negative impact on an existing buffer, open space, landscaping, traffic movements, pedestrian circulation, or parking space availability
- ___ Tents and other temporary structures shall be located so as not to interfere with the normal operations of any permanent use located on the property, shall be anchored, and meet the requirements of the Building Inspector.
- ___ Off-street parking shall accommodate the proposed temporary use as determined by the Plan Commission

Submit 10 copies of the application and supplemental materials. An additional electronic copy is appreciated.

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Application Fee:
(\$125.00)

Check Number: _____

Amount: _____

Signatures:

Owner or Applicant: _____ Date: _____

Zoning Administrator: _____ Date: _____

Professional Services Fee:

When the services of outside legal, planning, engineering, or other technical advice results in a charge to the Town for professional time and services, the Town Clerk shall charge such fees incurred by the Town to the property owner even if the request is not approved.

I understand and agree that I shall be responsible for any professional services fees incurred by the Town even if my request is not approved.

Owner Signature: _____ Date: _____