

**CITY OF COALINGA
TEMPORARY USE PERMIT**

_____ Application

_____ Date

APPLICANT INFORMATION:

Applicants Name: _____

Applicants Mailing Address: _____

Applicants Telephone Number: _____

Property Owners Name: _____

(A Letter of Authorization from the owner, if other than applicant, is required)

Property Owners Address: _____

Property Owners Telephone Number: _____

APPLICATION INFORMATION: (Please submit an 11 X 8 ½ Copy of site plan and (if applicable) floor plan of all buildings on site)

Brief description of proposed use: _____

Brief description of parking: _____

Street Address where use is proposed: _____

Proposed Date and Time of activities: _____

(If additional space is need attach separate sheet of paper)

Signature of Applicant

Date

Office use only

Application received by: _____ Date: _____

Is Applicant a Coalinga Non-Profit Organization Yes No

Application Fee: Coalinga Non-Profit Organization \$30.00 (Must provide proof of non-profit status)

All others \$ 150.00