



# TEMPORARY USE PERMIT APPLICATION

110 W. Maddux St., Ste. 215, Branson, MO 65616, 417-337-8549/Fax 417-334-2391

Office Use Only	
Permit Number	
TU	
Date Applied	

## Property Information

Temporary Use 911 Property Address \_\_\_\_\_

Property Owner \_\_\_\_\_  Owner is applicant

Contact Name \_\_\_\_\_ Email \_\_\_\_\_

Mailing Address \_\_\_\_\_ Phone \_\_\_\_\_

## Applicant Information (if different from property owner)

Name \_\_\_\_\_ Email \_\_\_\_\_

Mailing Address \_\_\_\_\_ Phone \_\_\_\_\_

## Temporary Use Type / Fee (only one use per application)

Check **ONE** box that describes your Use Type and complete the attached worksheet.

Charitable Drop Box (\$10)	Construction Field Office/Storage Yard (\$55)	Farmer's Market (\$55)	Food Truck (\$55)
Outdoor Sales/Promotional Event (\$55)	Portable Storage Unit (\$10)	Public Event on Private Property (\$55)	Recycling Drop-Off Center (\$10)
Searchlights (\$10)	Seasonal Sale (\$55)	Temporary Office (\$10)	Temporary Vehicle Wash (\$10)

## Property Owner Permission

I give consent to the applicant to access the property identified above for the purpose described on this application.

Property Owner/Authorized Agent Signature \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_

## Applicant Acknowledgment

In signing this application for permit, the applicant acknowledges all information provided is complete and accurate. The applicant also agrees to abide by the regulations of the Branson Municipal Code.

Applicant Signature \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_

Office Use Only									
✓	Description	Comments			✓	Description	Comments		
	Zoning District					Site plan (attached)			
	Total cumulative days					Health Dept. permits (attached)			
	Occurrences per year					Operating rules (attached)			
	Active building permit	#				FAA approval (attached)			
	Active business license								
	Sign type	Qty.	Qty.	Qty.	Other Department(s) Notified	Fire	Utilities	PW	
		Y:	B:	A:					
<input type="checkbox"/> Approved <input type="checkbox"/> Denied		Approved by _____		Date _____		Review time _____			

**Duration**

Temporary Use 911 Property Address \_\_\_\_\_

Business/Provider Name \_\_\_\_\_

1. Enter date(s) and time(s) of use.

Start Date	End Date	Total Days	Start Date	End Date	Total Days
_____	to _____	= _____	_____	to _____	= _____
_____	to _____	= _____	_____	to _____	= _____
_____	to _____	= _____	_____	to _____	= _____
_____	to _____	= _____	_____	to _____	= _____

**TOTAL CUMULATIVE DAYS** (add total days): ..... \_\_\_\_\_

**Site Plan**

2. Attach a site plan that includes the required details listed below:

- Property 911 address
- Property lines, setbacks, and North arrow
- Temporary use location/area

**Additional Information**

Check the box that applies to the use type being applied for and answer the applicable question(s).

**Charitable Drop Box**

3. Maximum capacity of drop box in cubic yards: \_\_\_\_\_ (no greater than 6 cubic yards)  
 4. Height of drop box: \_\_\_\_\_ feet (no greater than 7 feet)

**Portable Storage Unit**

5. Outside dimensions of structure: **length:** \_\_\_\_\_ feet **width:** \_\_\_\_\_ feet **height:** \_\_\_\_\_ feet

**Recycling Drop-Off**

6. Will there be hazardous waste or the processing of recyclables on-site?  No  Yes

**Searchlight**

7. Quantity of searchlights \_\_\_\_\_ (limit 2)  
 8. Hours of operation \_\_\_\_\_ to \_\_\_\_\_ (5:00 p.m. – midnight)  
 9. Proof of Federal Aviation Administration (FAA) approval is attached.  No  Yes

**Temporary Vehicle Wash**

10. Will biodegradable detergents and silt socks be used?  No  Yes