

INTERIM USE PERMIT APPLICATION

	APPL	ICANT/CO	NTACT INFORMATIO	N			
APPLICANT NAME		STREET ADDRESS		CITY	CITY		STATE/ZIP
HOME PHONE NUMBER:	WORK PH	ONE NUMBER		CELL PHONE NUMBER			
NAME OF BUSINESS (If applicable)	•			•			
BUSINESS ADDRESS (if applicable)		BUSINESS PHONE NUMBER		BUSINESS FAX NUMBER			
PROPOS	SED SITE (S	UBJECT P	ROPERTY) OF INTER	IM USE	PERMIT		
STREET ADDRESS	· · ·	CITY		STATE		ZIP CODE	
PIN			ZONING				
LEGAL DESCRIPTION							

PROPERTY OWNER CONTACT INFORMATION (if different from Applicant)					
PROPERTY OWNER NAME	STREET ADDRESS	CITY		STATE/ZIP	
HOME PHONE NUMBER:	WORK PHONE NUMBER		CELL PHONE NUMBER		

Please provide a detailed description of your request and attach a copy of your property layout Use additional sheet if necessary

I understand that the application fee of \$200.00 is non-refundable. All costs associated with the processing of this application are the responsibility of the applicant whether this application is approved or denied.

APPLICANT'S SIGNATURE	DATE:	CO-APPLICANT SIGNATURE	DATE	

I hereby certify that I am the fee title owner/contract for deed vendee of record for the above-mentioned property. Failure to prove ownership may void any agreements entered into the by the City of Milaca and I will be held liable for any and all costs incurred by the City.

PROPERTY OWNER SIGNATURE	DATE:	CO-PROPERTY OWNER SIGNATURE	DATE

To Be Completed by City of Milaca

Interim Use Permit Approved for Period:_____

CITY AGENT'S SIGNATURE

DATE

COMPLETED BY CITY OF MILACA (Amount Paid)			
Money Order:			
Cash:			
Check			
Date:			
Initial:			