



CITY OF TAYLOR
BUILDING DEPARTMENT
23555 GODDARD ROAD
TAYLOR, MICHIGAN 48180
PHONE: (734) 374-1515 FAX (734) 374-2732

APPLICATION FOR SPECIAL EVENT / TEMPORARY USE PERMIT

(Max. duration of 7 days - twice per year)

SPECIAL STANDARDS EVENTS -Req. CC approval

Grand Opening Tent Sale Other _____
 Temporary Use or Structure

Carnival Circus Other _____

Christmas Tree Lot* Seasonal Sales (flower & garden)*
*(*Permitted up to 15 days- twice per year)*

Fee: \$100.00
 Refundable Deposit: \$100.00
 Electrical Insp. Fee: Min. \$111.50

Concessions

Food & Beverages Alcohol to be consumed on premises

Location of Event: _____

Name of Organization: _____

Applicant:

 (Print Name)

 (Signature)*

 (Address)

 (Address)

 (Phone) (Mobile Phone)

 (Email address)

Property Owner:

 (Name)

 (Address)

 (Phone) (Mobile Phone)

Duration of Event: _____

Hours of Operation: _____

** Your signature above authorizes representatives of the City of Taylor to access the property for purpose of site investigation associated with this application and you have obtained permission from the property owner for the event.*

The following must accompany your application:

1. A sketch plan (to scale) must be provided showing the following information:

- | | |
|---|---|
| a. Lot lines | e. Fire Hydrants |
| b. Adjacent uses & zoning | f. Layout of parking |
| c. Existing & proposed buildings & structures | g. Boundaries of proposed sales areas |
| d. Location of any areas for storage | h. Location & size of any signs (incl. off premise) |

2. Proof of insurance (per City of Taylor requirements)

3. Proof of certification of rides by Michigan Department of Licensing & Regulation, Carnival & Ski Safety Divisions.

OFFICE USE ONLY:

Date of ARC Meeting: _____ Approved Denied (reason for denial) _____

Date of City Council Mtg.: _____

Permit Approved – Resolution # _____ Permit # _____

Denied (reason for denial) _____