

**CITY OF IRVING
INSPECTIONS DEPARTMENT
APPLICATION FOR A TEMPORARY USE PERMIT**

THE FOLLOWING INFORMATION TO BE PROVED BY THE APPLICANT

NAME OF FACILITY: _____
APPLICANT'S ADDRESS: _____

CITY /STATE /ZIP: _____

TELEPHONE #1: (Preferred) _(_____) _____ (select one:)

TELEPHONE #2: (Optional) _(_____) _____ (select one:)

FAX NO.: (_____) _____ EMAIL: _____

ADDRESS FOR TEMPORARY USE PERMIT: _____

DATE OF EVENT(S): _____

DESCRIPTION OF REQUEST: (Proposed area, hours of operation, etc.) _____

LEGAL DESCRIPTION: _____

Signature of Applicant

Date

Print or Type Name

NOTE: If property is not owned by applicant, a letter of authorization of intended uses must be submitted with the request.

THE FOLLOWING INFORMATION TO BE PROVIDED BY CITY STAFF:

FEE PAID: _____ CHECK#: _____ RECEIVED BY: _____

ZONING: _____ SCHEDULED FOR TECH REVIEW: _____