





**CITY OF PICO RIVERA  
TEMPORARY USE PERMIT APPLICATION**

FEE: \_\_\_\_\_

APPLICATION NO.: \_\_\_\_\_

DEPOSIT: \_\_\_\_\_

DATE: \_\_\_\_\_

PRINT APPLICANT'S NAME      MAILING ADDRESS      PHONE

PRINT OWNER'S NAME      MAILING ADDRESS      PHONE

Location of property \_\_\_\_\_

Zone Classification \_\_\_\_\_ General Plan Designation \_\_\_\_\_

DESCRIPTION OF THE SCOPE, NATURE, AND PURPOSE OF THE PROPOSED DEVELOPMENT: \_\_\_\_\_

1. This application must be accompanied by:
  - A. Three (3) copies of a site plan drawn on attached sheet specifying location, dimensions and setback distances to adjacent buildings and property lines, and location of existing parking spaces and driveway aisles.
  - B. Three (3) copies of a floor plan, if proposed use is to be located within an existing building.
  - C. If the applicant does not own the property included in this application, submit a letter of consent from the property owner(s) or provide signature below.
  - D. Verification of non-profit organization status. (If applicable).

2. Statements of fact to be explained by the applicant:

A. That the operation of the requested use at the location proposed and within the time period specified will not jeopardize, endanger or otherwise constitute a menace to the public health, safety, or general welfare because

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B. That the proposed site is adequate in size and shape to accommodate the temporary use because

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C. That the proposed site is adequately served by streets or highways having sufficient width and improvements to accommodate the kind and quantity of traffic that such temporary use will or could reasonably generate because

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D. That adequate temporary parking to accommodate vehicular traffic to be generated by such use will be available either on-site or at alternate locations acceptable to the Zoning Administrator because

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E. That the use would not jeopardize the public peace, safety or general welfare, or be injurious or detrimental to properties adjacent to, or in the vicinity of, the proposed location of the activity because

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Signature of Applicant

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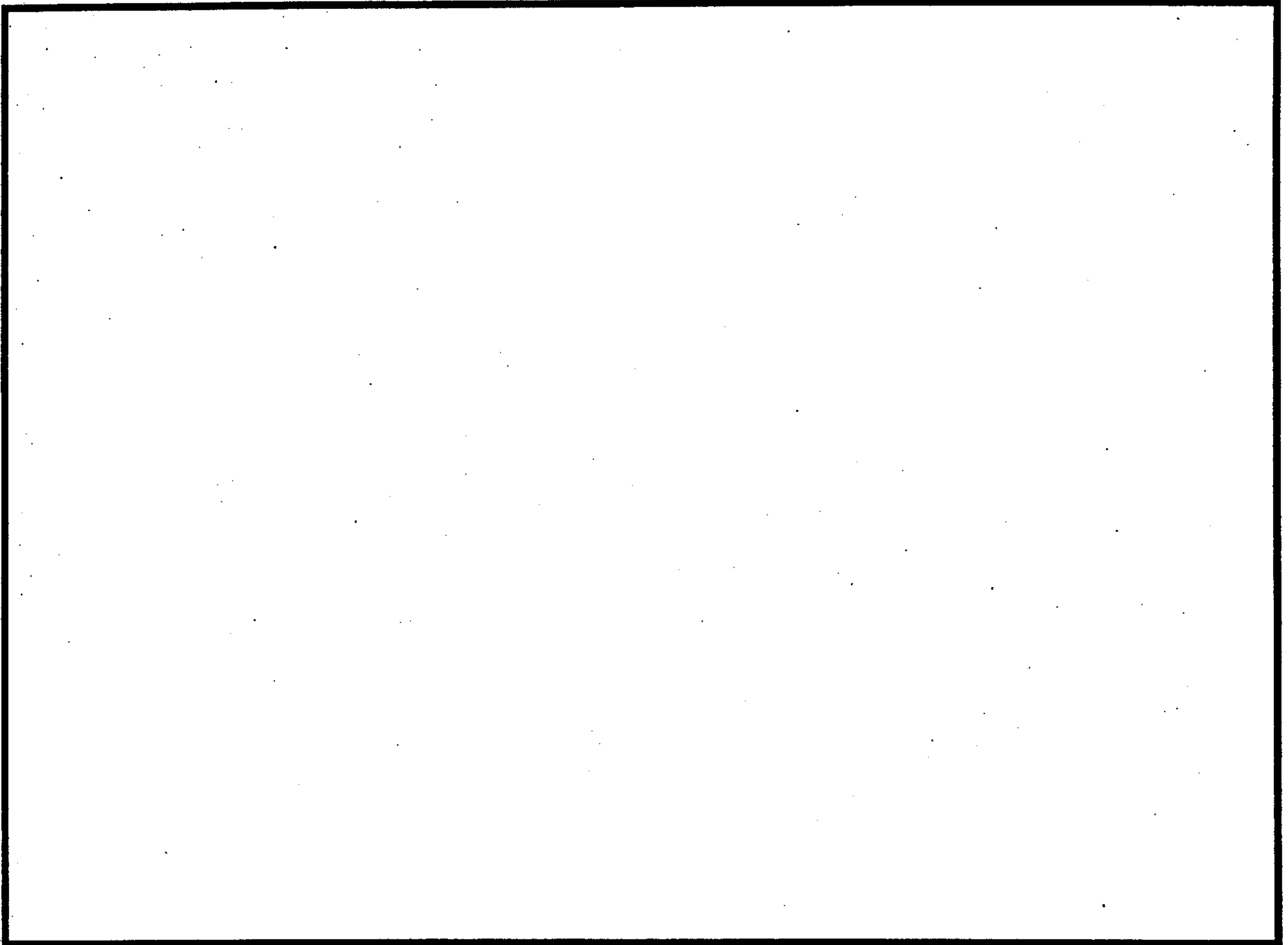
Signature of Property Owner

ADDRESS \_\_\_\_\_

APPLICATION NO. \_\_\_\_\_

APPLICANT \_\_\_\_\_

**PLOT PLAN**



1. All Temporary Use related items including advertising to be removed upon termination of this temporary time period grant.
2. The \$200.00 Deposit will be refunded provided that all Temporary Use items are removed from the premises. **A deduction of 10% (\$10) is to be withheld for each day that exceeds the ending date, noted above.**
3. Prior to releasing the Deposit, a field site inspection will be conducted to verify removal of all Temporary Use items.

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**(FOR DEPARTMENT USE ONLY)**

RECEIVED BY: \_\_\_\_\_

APPROVED \_\_\_\_\_

FILING DATE: \_\_\_\_\_

Signature/ \_\_\_\_\_ Date

ENDING DATE: \_\_\_\_\_

DENIED \_\_\_\_\_

Signature/ \_\_\_\_\_ Date

RDA \_\_\_\_\_

Signature/ \_\_\_\_\_ Date

cc: Revenue Division

## REQUEST FOR REFUND

\_\_\_\_\_ Ending Date

Please refund the \$200.00 deposit paid for Temporary Use Permit No. \_\_\_\_\_  
I understand that all evidence of this approved activity is to be removed prior to any refund.

Make check to: Name: \_\_\_\_\_

Address: \_\_\_\_\_

Applicant (please print): \_\_\_\_\_

Project Address: \_\_\_\_\_

Daytime Telephone: \_\_\_\_\_

\_\_\_\_\_  
Applicant's Signature

Department policy allows a 48 hour period to remove promotional advertising after notification by  
Department Staff

### For City Use

Inspection Date: \_\_\_\_\_

By: \_\_\_\_\_

Advertising Removed: \_\_\_\_\_

Refund Mailed: \_\_\_\_\_