



Town of Superior
271 W. Main St.
Superior, Arizona 85273
Phone Number: (520) 689-5752
Fax Number: (520) 689-5822

Application for a
TEMPORARY USE PERMIT

Town of Superior Staff Coordinator _____

Date of Pre-application Meeting _____ Case Number _____

Name of Applicant (s) _____

Address _____

City _____ State _____ Zip Code _____

Phone Number _____

Name(s) of record owner(s) of property for which a temporary use permit is requested (if different from applicant) _____

Address of property owner(s) _____

City _____ State _____ Zip Code _____

Assessor's Parcel Number _____

Exact legal description

What is existing zoning of the property? _____

Please state the name of the use for which you are requesting this temporary permit.

Number of days of operation _____

THE TEMPORARY USE PERMIT IS ONLY A SHORT-TERM BASIS AND PERMANENT STRUCTURES ARE NOT PERMITTED.

Please provide us with a copy of a site plan (11"x17") including:

- Property boundary lines
- Existing structure
- Set backs dimensions

Certification

The undersigned hereby certifies that he or she is the owner of the property for which the conditional use permit is requested or he or she is the authorized representative of the owner and that the information presented in the application is correct.

Signature of Applicant _____

Date _____

Signature of Joint Applicant (if necessary) _____

Date _____

For Staff Use

Application Approved by _____

Date _____

Fee Received by _____

Fee Amount _____ Date _____

Conditions (if any)

