

Interim Use Permit Application

Please type or **print** clearly. Illegible applications will not be accepted. Case #: _____

Contact Info	Property Owner:		Applicant (If different from property owner):	
	Name:		Name:	
	Address:		Company:	
	City, State & Zip:		Address:	Zip:
	Phone: ()		Phone: ()	Fax:
	Email:		Email:	
<i>The applicant will be the primary contact unless otherwise noted.</i>				
Property Info	Property Address:			
	Parcel No:			
	Legal Description:			
	SAP or PUD Name:			
	Property Size:	Zone:		
Project Information	General Information			Approval Y N
	Name of business:			
	<u>Building Information</u>			
	Area?			
	Height?			
	Site Information			
	Is the use operated from a truck, trailer, or other vehicle with motive power, wheels and/or axels?			<input type="checkbox"/> Yes <input type="checkbox"/> No
	Is the use operated from a structure with a permanent foundation?			<input type="checkbox"/> Yes <input type="checkbox"/> No
	Will the proposed structure be connected to permanent utilities, except power?			<input type="checkbox"/> Yes <input type="checkbox"/> No
	Will the use have a drive-thru? (if yes, refer to transportation department)			<input type="checkbox"/> Yes <input type="checkbox"/> No
Will the structure be encumbering any existing parking spaces? (if yes, refer to transportation department)			<input type="checkbox"/> Yes <input type="checkbox"/> No	

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Terms	By signing below, the Property Owner and Applicant are representing that each understands and agrees to the following terms:	
	1. Authorized personnel from the City of Pueblo, are hereby granted the right to enter the subject property for the purposes of reviewing and processing the application, including Certificate of Occupancy Inspections. 2. There are no known hazards or vicious animals present on the subject property. 3. All information contained in this application, is true and accurate to the best of my knowledge. 4. The City of Pueblo is under no obligation to approve the request contained in this application. No promises of approval are conveyed with the acceptance of this application.	
	Property Owner	
	Print Name:	
Signatures	Signature:	Date:
	Applicant, if different from Property Owner	
	Print Name:	
	Signature:	Date:

Office Use Only	Zoning Compliance (Completed by City Staff)		Receipt:
	Application received by:	Date:	
	Application checked for completeness by:	Date:	
	Case Manager:	Fee Paid:	
	Expiration Date:	<input type="checkbox"/> Approved <input type="checkbox"/> Denied	
Case #:	<input type="checkbox"/> Approved w/conditions		