



APPLICATION TEMPORARY USE PERMIT

NAME OF APPLICANT(S): _____

ADDRESS: _____

CITY, STATE, ZIP: _____

EMAIL: _____ PHONE: _____

NAME OF PROPERTY OWNER: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

EMAIL: _____ PHONE: _____

ADDRESS OF SUBJECT PROPERTY: _____

CURRENT USE OF PROPERTY: _____

ZONING DISTRICT:

- | | | |
|---|---|--|
| <input type="checkbox"/> R-1 Residential | <input type="checkbox"/> R-4 Multi-Family Residential | <input type="checkbox"/> I Institutional |
| <input type="checkbox"/> R-1A Residential | <input type="checkbox"/> C-1 Commercial | <input type="checkbox"/> OS Open Space |
| <input type="checkbox"/> R-2 Two-Family Residential | <input type="checkbox"/> C-2 Commercial | |
| <input type="checkbox"/> R-3 Multi-Family Residential | <input type="checkbox"/> M-1 Manufacturing | |

The following temporary uses are permitted by the Zoning Code, subject to approval of a Temporary Use Permit. A \$25.00 application fee applies. Please identify the use for which you are applying:

- | | |
|--|--|
| <input type="checkbox"/> Arts and Crafts Show, Plant Show (Indoor/Outdoor) | <input type="checkbox"/> Sidewalk Sales |
| <input type="checkbox"/> Carnival/Circus | <input type="checkbox"/> Temporary Retail Stand (C-1, C-2, M-1, OS Districts only) |
| <input type="checkbox"/> Christmas Tree Sales Lot or Pumpkin Patch | <input type="checkbox"/> Temporary Contractor Trailer or Real Estate Model Unit |
| <input type="checkbox"/> Farmers Market | <input type="checkbox"/> Tent |
| <input type="checkbox"/> Little Free Library/Book Exchange Box | |

Temporary uses not specifically listed above require the specific approval of the Village Board. Such uses may be allowed in any zoning district, provided that such temporary use is consistent with the purpose and intent of the Zoning Code and zoning district in which it is located. A \$50.00 application fee applies.

Description of proposed temporary use (attached additional sheet if necessary):

I (We) hereby affirm that all of the above statements and the statements contained in any papers or plans submitted herewith are true to the best of my (our) knowledge. I (We) hereby acknowledge my (our) obligation to reimburse the Village of La Grange Park for all necessary and reasonable expenses incurred by the Village in the review and certification of any documents submitted in conjunction with this application.

Signature of Applicant: _____ **Date:** _____



VILLAGE OF LA GRANGE PARK • ADMINISTRATION DEPARTMENT
447 N. CATHERINE AVE, IL 60526 • PHONE (708) 354-0225 • FAX (708) 354-0241

Signature of Owner: _____ Date: _____