



# Planning & Zoning Department

## Temporary Use Permit Checklist

<b>Staff Use Only</b>	
Project Name: _____	
File Number: _____	Received date: _____

Nonrefundable Fee: **\$50.00** (up to 1 month)    **\$75.00** (1-6 months)

**Please provide the following required documentation to complete the application. Applications should be submitted through the Citizen Self Service (CSS) portal online. Instructions can be found on our website [cityofnampa.us/255/Planning-Zoning](http://cityofnampa.us/255/Planning-Zoning) under the *Apply for a Planning Permit* link.**

Applicant	Staff	Description
<b>One copy of each of the following</b>		
		A <b>letter of permission</b> from the property owner or lease agreement and permission for use of restroom facilities.
		Access to <b>sanitary facilities</b> must be available. In those cases where sanitary facilities are not provided within the proposed temporary building, the applicant must submit a copy of a written agreement that demonstrates that sanitary facilities are provided somewhere immediately adjacent to the proposed business by another party's building.
		Food establishments require a copy of the <b>permit</b> issued by Southwest District Health
		A copy of approved <b>solicitor's license</b> issued by the Nampa city Clerk's office
		A <b>site plan</b> (a "bird's eye view" drawing) that depicts the distances of the proposed temporary use/building from the property lines upon which the temporary use will reside; from any other nearby buildings, streets or alleys, fire hydrants, landscape planters, light fixtures, ground signs, fuel dispensing devices loading areas, service drives/aisles on the same property, handicapped parking and access to the site and building.
		If this application is for a temporary residence to be placed on property while building a permanent home, a <b>Conditional Use Permit</b> is required. In the case of providing for caregiving, a <b>Doctors letter</b> is also required.
		A copy, if available, of the <b>CC&amp;Rs</b> in force for the property upon which the temporary use permit is to be issued. If covenants are no longer in force or do not exist then a statement by the applicant affirming that such is the case shall be required.
		Any other <b>miscellaneous information</b> (e.g., pictures, drawing, letters of support, information articles, etc.) that may be of help to the Director to aid him/her in making a decision.
		Associated fees
		Master Application form

**Project description**

State the nature of the specific, proposed, request: \_\_\_\_\_

Desired start date: \_\_\_/\_\_\_/\_\_\_    Finish date: \_\_\_/\_\_\_/\_\_\_    Hours of operation: \_\_\_\_\_

Days of operation:  Monday  Tuesday  Wednesday  Thursday  Friday  Saturday  Sunday

Solicitors license expiration date: \_\_\_/\_\_\_/\_\_\_

## NOTICE TO APPLICANT

- This application will be reviewed by the Planning Department (and Fire Marshal in case of fireworks stands) with the intent to approve the same, approve it with conditions, or deny the request.
- Only one standard permit may be issued for a particular location/property in any given calendar year. However, up to four (4) permits for “seasonal, holiday or event related uses” may be issued on a property in any given calendar year. The duration allowed general retail sales is two (2) weeks at one location. (e.g., rugs, sunglasses, t-shirts, flowers, art/craft items, etc.)
- All food sales/dispensing businesses must first make contact with the Southwest District Health Department office and obtain a health permit before submitting this application.
- Temporary uses shall be placed on a noncombustible surface (e.g., dirt, concrete, asphalt) and must be at least twenty-five feet (25') away from combustible materials (e.g., weed patches, board fences, and permanent structures).
- Businesses/persons that do not clean up premises after cessation of the temporary operation may be fined and/or have further issuance of temporary permits suspended by either the Planning and Zoning or Fire Department. By signing the issued permit, the applicant affirms their willingness to maintain the property around the use in a healthy, nuisance-free manner.
- CONDITIONS THAT APPLY TO THIS TEMPORARY USE WILL BE LISTED ON THE PERMIT AT THE TIME OF ISSUANCE.
- The City Clerk’s office must issue a Solicitor’s License to the applicant before applying for a Temporary Use Permit. A copy of the approved Solicitor’s License must be included with this application.



# Planning & Zoning Department

## Master Application

**Staff Use Only**

Project Name: \_\_\_\_\_

File Number: \_\_\_\_\_

Related Applications: \_\_\_\_\_

**Type of Application**

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- |  |  |
|--|--|
| <input type="checkbox"/> Accessory Structure<br><input type="checkbox"/> Annexation/Pre-Annexation<br><input type="checkbox"/> Appeal<br><input type="checkbox"/> Design Review<br><input type="checkbox"/> Comprehensive Plan Amendment<br><input type="checkbox"/> Conditional Use Permit<br><input type="checkbox"/> Multi-Family Housing<br><input type="checkbox"/> Development Agreement<br><input type="checkbox"/> Modification<br><input type="checkbox"/> Home Occupation<br><input type="checkbox"/> Daycare<br><input type="checkbox"/> Kennel License<br><input type="checkbox"/> Commercial<br><input type="checkbox"/> Mobile Home Park | <input type="checkbox"/> Legal Non-Conforming Use<br><input type="checkbox"/> Planned Unit Development/MPC<br><input type="checkbox"/> Subdivision<br><input type="checkbox"/> Short<br><input type="checkbox"/> Preliminary<br><input type="checkbox"/> Final<br><input type="checkbox"/> Condo<br><input type="checkbox"/> Temporary Use Permit<br><input type="checkbox"/> Fireworks Stand<br><input type="checkbox"/> Vacation<br><input type="checkbox"/> Variance<br><input type="checkbox"/> Staff Level<br><input type="checkbox"/> Zoning Map/Ordinance Amendment (Rezone)<br><input type="checkbox"/> Other: _____ |
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**You must attach any corresponding checklists with your application or it will not be accepted**

Applicant Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Applicant Address: \_\_\_\_\_ Email: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Interest in property:    Own    Rent    Other: \_\_\_\_\_

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Owner Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Owner Address: \_\_\_\_\_ Email: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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Contractor Name (e.g., Engineer, Planner, Architect): \_\_\_\_\_

Firm Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Contractor Address: \_\_\_\_\_ Email: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Subject Property Information**

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

Parcel Number(s): \_\_\_\_\_ Total acreage: \_\_\_\_\_ Zoning: \_\_\_\_\_

Type of proposed use:  Residential  Commercial  Industrial  Other: \_\_\_\_\_

Project/Subdivision Name: \_\_\_\_\_

Description of proposed project/request: \_\_\_\_\_

Proposed Zoning: \_\_\_\_\_ Acres of each proposed zone: \_\_\_\_\_

**Development Project Information (if applicable)**

Lot Type	Number of Lots	Acres
Residential		
Commercial		
Industrial		
Common (Landscape, Utility, etc.)		
Right of Way (internal roadways, ROW to be dedicated, etc.)		
Qualified Open Space		
<b>Total</b>		

**Please answer all questions that are relevant to your project**

Minimum square footage of structure: \_\_\_\_\_ Maximum building height: \_\_\_\_\_

Minimum property size (s.f.): \_\_\_\_\_ Average property size (s.f.): \_\_\_\_\_

Gross density: \_\_\_\_\_ Net density: \_\_\_\_\_

Type of dwelling proposed:  Single-family Detached  Single-family Attached

Duplex  Multi-family  Condo  Other: \_\_\_\_\_

Proposed number of units: \_\_\_\_\_

Total number of parking spaces provided: \_\_\_\_\_

% of qualified open space: \_\_\_\_\_

**Additional information may be requested after submittal.**

**Authorization**

Print applicant name: \_\_\_\_\_

Applicant signature: \_\_\_\_\_ Date: \_\_\_\_\_

**City Staff**

Received by: \_\_\_\_\_ Received date: \_\_\_\_\_