

DEPT. OF COMMUNITY DEVELOPMENT PLANNING DIVISION CITY OF ROGERS, ARKANSAS 301 W. CHESTNUT

PHONE: (479) 621-1186 FAX: (479) 986-6896

OFFICE USE ONLY	
Permit Fee:	(\$5)
Zoning:	
Permit Number:	
CityView Application:	
Date:	

TEMPORARY CONDITIONAL USE PERMIT

APPLICANT:		
ADDRESS:		SUITE #:
PHONE #:	EMAIL: _	
PROPERTY OWNER:		PHONE #:
EVENT LOCATION:		
PRESENT USE:		ZONING:
PROPOSED CONDITIONAL USE: _		
DATES OF OPERATION:		HOURS OF OPERATION:
PARKING SPACES REQUIRED:		
*** Any tents or canopies to be set up Community Risk Reduction Departme		ith a temporary CUP must obtain a tent permit from the
Review times vary, but may take 1 packet	0 or more busines	ss days depending on the accuracy of the application
Applicant Signature		Date
Attachment Checklist: □ Letter explaining request □ Letter of Approval from Proper □ Site Plan	rty Owner	
	PLANNING ST	AFF PROVIDES:
COMMENTS, CONDITIONS, LIMITS:		
Director of Community Development	Signature	 Date

PROPERTY OWNER PERMISSION

I,	, hereby permit the use of _	
(name)		(use)
on my property at		_ Rogers, Arkansas, on a temporary
	(address)	
basis for the following dates:		
D (141' 4	20	
Dated this the day of	, 20	
Signed		
Name Printed		
STATE OF ARKANSAS		
COUNTY OF		
Subscribed and sworn before me this the _	day of	20
Subscribed and sworn before the this the _	uay or	_, 20
	Notary Signature	
	Notary Name Printed	
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