## TEMPORARY USE APPLICATION

THIS CERTIFICATE IS A TEMPORARY USE, NOT OTHERWISE PERMITTED IN THE APPLICABLE ZONING CLASSIFICATION, APPLIES TO THE APPLICANT ONLY AND NOT TO THE PROPERTY.



		AI	ALCON
Applicant Name:		11	MZON
Property Owner Name:			
Tax Parcel ID No. (for property with the temp	porary use)		
If applicant is not the property owner, is writt	en permission from the property owner to conduct this activity attached?	Yes	No
Location of proposed use:			
Description of use being requested:			
Dates and hours of proposed activity:			
Certificate of Insurance approved by City Cle (\$1,000,000 for each person and \$4,000,000 for	erk, if required:each incident. The City of Sierra Vista is to be included as a co-insured)		_
Describe signage, if any:			
elopment does not investigate or enforce thes may wish to further investigate any restrictior you may wish to further investigate these. The	se restrictions. Any restrictions are generally enforced by local property owners as before proceeding with this application. Further there may be permits require	or homeow ed by state a	ners associations. Ind federal agencie
* *			
,	Address:	Property Owner Name:	Address: Telephone No:

Note: Application shall be filed with the Director of Community Development at least five working days before the date of event in accordance with Section 151.25.003.A. of the City Development Code. Additional information or documentation may be required for other categories of temporary uses.