



DEPT. OF COMMUNITY DEVELOPMENT  
 PLANNING DIVISION  
 CITY OF ROGERS, ARKANSAS  
 301 W. CHESTNUT  
 PHONE: (479) 621-1186  
 FAX: (479) 986-6896

<u>OFFICE USE ONLY</u>	
Permit Fee:	_____ (\$5)
Zoning:	_____
Permit Number:	_____
CityView Application:	_____
Date:	_____

## TEMPORARY CONDITIONAL USE PERMIT

APPLICANT: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ SUITE #: \_\_\_\_\_

PHONE #: \_\_\_\_\_ EMAIL: \_\_\_\_\_

PROPERTY OWNER: \_\_\_\_\_ PHONE #: \_\_\_\_\_

PRESENT USE: \_\_\_\_\_ ZONING: \_\_\_\_\_

PROPOSED CONDITIONAL USE: \_\_\_\_\_

DATES OF OPERATION: \_\_\_\_\_ HOURS OF OPERATION: \_\_\_\_\_

PARKING SPACES REQUIRED: \_\_\_\_\_

\*\*\* Any tents or canopies to be set up in conjunction with a temporary CUP must obtain a tent permit from the Community Risk Reduction Department.

\_\_\_\_\_  
 Applicant Signature Date

**Attachment Checklist:**

- Letter explaining request
- Letter of Approval from Property Owner
- Site Plan

PLANNING STAFF PROVIDES:

COMMENTS, CONDITIONS, LIMITS: \_\_\_\_\_

\_\_\_\_\_  
 Planning Staff Approval 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: \_\_\_\_\_.

Dated this the \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Signed

\_\_\_\_\_  
Name Printed

STATE OF ARKANSAS

COUNTY OF \_\_\_\_\_

Subscribed and sworn before me this the \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Signature

\_\_\_\_\_  
Notary Name Printed

\_\_\_\_\_