



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 #: _____

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 in conjunction with a temporary CUP must obtain a tent permit from the Community Risk Reduction Department.***

Review times vary, but may take 10 or more business days depending on the accuracy of the application packet

 Applicant Signature

 Date

Attachment Checklist:

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

PLANNING STAFF PROVIDES:

COMMENTS, CONDITIONS, LIMITS: _____

 Director of Community Development Signature

 Date

