



CITY OF DUBLIN TEMPORARY USE PERMIT APPLICATION

I. APPLICATION REQUIREMENTS

- Minor TUP: \$260 fee
- Major TUP: T&M FCN _____
- \$500 Deposit fee to ensure proper clean up of the site (refundable)
- Certificate of Insurance naming City of Dublin as additional insured in the amount of \$1,000,000
- All other items per the application requirements for each type of temporary use

**** Please note that Temporary Use Permits are not granted over the counter. ****

**** All applications are taken in for review and may take up to a week to process. ****

II. PROJECT INFORMATION

Type of Temporary Use: _____

Project Address/APN: _____

Project/Business Name: _____

III. AUTHORIZATION OF PROPERTY OWNER/AGENT

PROPERTY OWNER/AGENT: In signing this application I certify that I am the Property Owner of record, or an Authorized Agent of the Property Owner, and that I have full legal capacity to, and hereby do, authorize the filing of this application. I understand that there are Conditions of Approval for the proposed temporary use that must be adhered to. I agree to comply with all Conditions of Approval. I understand that the proposed temporary use shall not be established prior to receiving approval of a Temporary Use Permit from the Community Development Department. I further understand that if a \$500 refundable clean-up deposit is required any refund will be returned to the original Payor.

Name: _____
(Print Legibly or Type)

Title: Property Owner/Agent

Company: _____

Phone: _____

Address (city, state & zip): _____

Email: _____

Fax: _____

Signature: _____

Date: _____

IV. AUTHORIZATION OF APPLICANT

APPLICANT (IF DIFFERENT FROM PROPERTY OWNER): In signing this application I understand that there are Conditions of Approval for the proposed temporary use that must be adhered to. I agree to comply with all Conditions of Approval. I understand that the proposed temporary use shall not be established prior to receiving approval of a Temporary Use Permit from the Community Development Department. I further understand that if a \$500 refundable clean-up deposit is required any refund will be returned to the original Payor.

Name: _____ Title: _____
(Print Legibly or Type)

Company: _____ Phone: _____

Address (city, state & zip): _____

Email: _____ Fax: _____

Signature: _____ Date: _____

V. DEPARTMENTAL APPROVALS

(The Planning Division will determine which Departments must review and approve the application).

- _____ Planning Division
- _____ Building and Safety Division
- _____ Alameda County Fire Department
- _____ Alameda County Environmental Health Dept.
- _____ Police Services
- _____ Public Works Department



For Staff Use Only:

For temporary uses that require a \$500 refundable deposit to ensure proper clean-up of the site, indicate below the name and mailing address of the original Payor submitting the deposit. The deposit shall be refunded to the original Payor.

Name/Business Name (Print Legibly)

Mailing Address, City, State and Zip Code (Print Legibly)