

TEMPORARY USE PERMIT

CITY OF DINUBA
405 E. EL MONTE WAY
DINUBA, CA 93618
209-591-5900

APPLICANT: _____
ADDRESS: _____
TELEPHONE: _____

PROPERTY OWNER'S NAME: _____
ADDRESS: _____
TELEPHONE: _____

CONTACT PERSON FOR EMERGENCIES: _____
TELEPHONE: _____

TYPE OF EVENT: _____
LOCATION OF EVENT: _____
DATE OF EVENT: _____
HOURS OF EVENT: _____
EXPECTED ATTENDANCE: _____
PARKING AREA & NUMBER OF STALLS: _____
RESTROOM FACILITIES: _____
ELECTRICAL: _____

**NOISE: THE EVENT MUST COMPLY TO THE CITY OF DINUBA NOISE ORDINANCE.
A DETAIL SITE PLAN SHALL BE SUBMITTED WITH THE APPLICATION.**

I CERTIFY THAT THE ABOVE INFORMATION AND ACCOMPANYING DOCUMENTS ARE TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.

APPLICANT'S SIGNATURE DATE

PROPERTY OWNER'S DATE
SIGNATURE

CITY USE

COMMUNITY DEVELOPMENT _____ DATE APPROVED: _____

FIRE DEPARTMENT _____ DATE APPROVED: _____

POLICE DEPARTMENT _____ DATE APPROVED: _____