

# 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: \_\_\_\_\_