



Temporary Use Application

Application Date: ____/____/____

Address or Location: _____

City of Valley Center
545 W. Clay
PO Box 188
Valley Center, KS 67147
(316) 755-7310
Fax (316) 755-7324

Please complete only those items that are related to your specific type of application. Indicate each type of application request filed. Attach additional information as required by Section 7.06.022 of the Valley Center Zoning Regulations. Submit this application with all accompanying materials to the Valley Center Community Development Director.

Applicant's Name: _____

Is Applicant the Owner of the Property? If not, then complete the following information:

Mailing Address: _____

Owner's Name: _____

City, State, Zip: _____

Owner's Address: _____

Phone: _____

City, State, Zip: _____

Email: _____

Owner's Phone: _____

Owner's email: _____

Block Party
 Carnival
 Circus

Craft Booths
 Food Vendors – Festival
 Non-Profit Fund Raisers

Musical Concert
 Haunted Houses
 Other _____

Event start date and time _____

Event end date and time _____

On-site event cell phone (to be available entire duration of event) _____

On-site event manager name _____

Property Zoning _____

Port-o-let restrooms? Yes No Name & phone of port-o-let company _____

Fee: \$275.00

This permit must be reviewed by the City Planning Commission with a recommendation forwarded to the City Council.

Property Owner signature: _____ Date: ____/____/____

Applicant's signature: _____ Date ____/____/____

The Applicant understands that this is an application only, that it must be approved, and that any required building permits must be obtained before the property can be used in accordance with the request. The Applicant further acknowledges that the above information is correct. By signing this application, the Applicant certifies that he or his consultants has read pertinent sections of the Valley Center Municipal Code and will prepare application materials consistent with them.