



City of Madison Building Inspection Division

215 Martin Luther King Jr Blvd Ste 017 PO Box 2984

Madison, WI 53701-2984 608.266.4551

<http://www.cityofmadison.com/dpced/bi/>

Temporary Use Permit

BE SURE TO INCLUDE THE FOLLOWING WITH YOUR APPLICATION:

- ✓ *Site Plan and Elevations*
- ✓ *Land Owner's Approval*
- ✓ *\$50 (Non-Refundable)*

OFFICE USE ONLY

Permit Number: LND _____ -20____ - _____

Application Date _____

Issued Date _____

Approved by _____

Permit Fee _____

Receipt _____

Zoning District _____

Location Address _____

Business Name _____

Contact Person _____

Telephone _____ Email _____

Property Owner Name _____

Address _____

Which of the following best describes the Temporary Use?

☐ Christmas Tree Sale

☐ Portable Storage

☐ Tent Sale

☐ Other (Briefly Describe):

Indicate the starting and ending dates for the Temporary Use:

Start Date: _____ / _____ / 20____

Ending Date: _____ / _____ / 20____

Total number of days: _____ If your event will be more than 45 days, you will need to apply for a Conditional Use as well, not to exceed 180 days.*

Description of Site plan & elevation requirements:

*Please note for **Portable Storages**, if more than 30 days is needed, it must be associated with a building permit and the temporary use cannot exceed 90 days.