



Community Development Department

Planning Division

Temporary Use Permit Application

200 S MAIN • P.O. BOX 180 • OWASSO, OKLAHOMA 74055 • (918) 376-1500 • planning@cityofowasso.com

TEMPORARY USE PERMIT APPLICATION

FOR OFFICE USE ONLY

Case Number:	
Date Received:	
Fee Paid (\$250.00 or \$500.00)	
Date of Approval	
Expiration Date	

CONTACT INFORMATION

PROPERTY OWNER NAME:

PHONE:

OWNER ADDRESS:

STREET

CITY

STATE

ZIP

OWNER EMAIL:

APPLICANT NAME:

PHONE:

(If different than owner)

APPLICANT ADDRESS:

STREET

CITY

STATE

ZIP

APPLICANT EMAIL:

TAX IDENTIFICATION NUMBER:

PROPERTY INFORMATION

PROPOSED LOCATION ADDRESS:

STREET

CITY

STATE

ZIP

SUBDIVISION/DEVELOPMENT NAME OF PROPOSED LOCATION:

SQUARE FOOTAGE OF TEMPORARY STRUCTURE(S):

CURRENT ZONING:

CURRENT USE OF THE PROPERTY:

PROPOSED TEMPORARY USE:

DATES OF OPERATION:

HOURS OF OPERATION:



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ARE THERE OTHER TEMPORARY USES CURRENTLY IN OPERATION ON THE PROPERTY:

Yes

No

SITE PLAN

A site plan drawn to scale (no smaller than 1"=20') shall be submitted with the application and shall contain the following:

Location of permanent structures on the property

Location of the proposed temporary structure (include dimensions from property lines and existing structures)

Dimensions of the temporary structure including total height

Dimensions and location of any existing and proposed signage

Please note that any temporary structure placed within a utility easement must be moved by the applicant if a utility provider needs to perform maintenance in said easement.

SUBMITTAL

Please submit this completed application form with all required items to the Owasso Planning Division. Applicants must submit a paper copy of all materials to Owasso City Hall **and** an electronic copy of all materials to planning@cityofowasso.com. A permit fee of \$250.00 (for periods of less than 120 days) or \$500.00 (for periods greater than 120 days) is required at the time of application submittal.

The submitted TUP application packet must include:

Completed application and the accompanying checklist

Site plan that meets all requirements as listed on the checklist

A digital copy of all materials e-mailed to planning@cityofowasso.com

Application fee of either \$250.00 or \$500.00

Letter from the property owner granting permission to use the site

Proof of a valid and current Health Department License (if applicable)



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SIGNATURES

I, _____ (applicant name), hereby certify that the attached and completed application contains the information required by the City of Owasso as specified above. I understand the submission of incomplete and inaccurate information may result in a delay in processing and action on this application.

Signature of Applicant:

Date:

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Staff Signature:

Date:

Fire Marshall Signature:

Date:

City Engineer Signature:

Date:

City Planner Signature:

Date:

Staff Comments: