

Minnehaha County Planning
415 N. Dakota Ave.
Sioux Falls, SD 57104
Ph. 605-367-4204
Fax 605-367-7413

TEMPORARY USE PERMIT APPLICATION

Appl.#
Date:
Fee:
Receipt #:

Description of Proposed Use:

Dates requested: _____

Hours of operation: _____

Estimated daily attendance: _____

Number of parking spaces available: _____

Number of sanitation facilities: _____

Describe the security and first aid provisions: _____

Signs, banners, flags (describe the size, height, and appearance): _____

Use of outdoor loudspeakers or music (describe): _____

Will there be animals on the site in conjunction with this use (describe type and number)? _____

Camping sites? Describe the number and type (i.e. tent, camper, RV). _____

Type and number of vendors: _____

Filing Fee is non-refundable.

Applicant Name	Phone
Address	
City	

I here by certify that all statements herein are true and correct to the best on my knowledge and I am fully authorized by the property owners to apply for this permit. I understand that any false statements or omissions may result in denial of this permit and jeopardize further permits. Authorization to enter the property for inspection purposes is hereby given to authorized representatives of Minnehaha County.

Applicant Signature

Date

Property Owner Signature
(Required if applicant is not the property owner)

Date

To be completed by the Planning Department:

Legal Description: _____

Location: _____

Zoning Class: _____

Map ID: _____