



Temporary Land Use Application

Project Number: _____

Case Number: _____

Event Name: _____

Applicant (if acting as Agent, see affidavit on page 2)

Printed Name: _____

Phone ()

Email _____

Address _____

City _____

State _____

Zip _____

Property Owner

Printed Name: _____

Phone ()

Email _____

Address _____

City _____

State _____

Zip _____

Representative (if different from Applicant or Property Owner)

Firm: _____

Printed Name: _____

Phone ()

Email _____

Address _____

City _____

State _____

Zip _____

Street Address: _____

Legal Description

Lot: _____ Block: _____

Subdivision: _____

Current Zoning: _____

Type of Temporary Use Requested: _____

Description of Event: _____

Duration of Temporary Use: _____

If event lasts for more than (1) day and is located within any residential district or is located within 1,000 feet of any residential district, then a public hearing is required.

Proposed Days and Hours: _____

Will alcoholic beverages be sold? Yes No

If yes, you must comply with all Texas Alcoholic Beverage Commission (TABC) regulations for the event.

Are you requesting the temporary closure of any streets? Yes No

If yes, you must:

- A. Complete the “**Special Event and Street Closure Application**”, available from the City’s Secretary Office (3rd Floor, City Hall), as well as submit a “**Traffic Control Plan**” to the Transportation Division (5th Floor, City Hall).
- B. Provide the City with a **general liability insurance certificate**, naming the **City** as an **Additional Insured**, in the amount of one million dollars (\$1,000,000) for the term of the closure.

Number of Peace Offices Provided: _____ <i>Contact the Midland Police Department to schedule off-duty police officers.</i>			
Type of Music (<i>carnival, live, etc.</i>):			
Showmobile (<i>portable stage</i>) Requested: <input type="checkbox"/> Yes <input type="checkbox"/> No		Days & Hours:	
Number of Restroom Fixtures Provided:	<i>Men</i>	Toilets/Urinals:	<i>/</i>
	<i>Women</i>	Toilets:	Bathroom Sinks:
	<i>Unisex</i>	Toilets:	Bathroom Sinks:

Submittal and Fees	
Items to be submitted with this application form:	
<ul style="list-style-type: none"> • Application Fee – Payable to the 'City of Midland' • Damage Deposit • Clean-Up Deposit • 1 FOLDED Copy of Site Plan* • Digital Copies of Site Plan (PDF/JPEG) 	
*Should show existing buildings, parking, access arrangements, surrounding streets, activity areas, areas of alcoholic beverage sales, proposed street closures, etc.	

Signatures	
Applicant (signature):	Date:
Applicant (printed):	
Property Owner (signature):	Date:
Property Owner (printed):	
Representative (signature):	Date:
Representative (printed) : _____	
<i>The Temporary Land Use Permit shall be considered officially received in the Planning office <u>only</u> when it has been submitted in <u>full compliance</u> with the provisions of Section 212 of the Texas Local Government Code and the Zoning Code of Ordinances of the City of Midland and when such required items for the application are also received.</i>	
<i>All materials, including exhibits, submitted in support of an application, or displayed during a public hearing, shall remain the property of the City of Midland.</i>	

****Application will not be considered for scheduling until reviewed by a planner.****

If an agent is authorized by the property owner to file and execute the application on behalf of the property owner, the agent must complete the affidavit below.

STATE OF TEXAS
COUNTY OF MIDLAND

Before me, the undersigned authority, on this day personally appeared _____ who, being by me duly sworn, upon oath says: That (s)he is authorized by _____, the owner of the above described property, to fully represent him/her in this application and that (s)he had the legal right, power and authority to sign said owner's name hereto as his/her attorney in fact.

Authorized Agent (*signature*)

Subscribed and sworn to before me, this ____ day of _____, 20 ____, to certify which witness my hand and seal of office.

NOTARY PUBLIC, MIDLAND COUNTY, TEXAS

FOR OFFICE USE ONLY

- | | |
|---|--|
| <input type="checkbox"/> Property Owner Authorization | <input type="checkbox"/> Liability Insurance (Street Closure) |
| <input type="checkbox"/> Dimensioned Site Plan | <input type="checkbox"/> Traffic Control Plan (Street Closure) |
| <input type="checkbox"/> Plans in Digital Format (PDF/JPEG) | <input type="checkbox"/> Clean-Up Deposit |
| | Check # _____ |
| <input type="checkbox"/> Application Fee | <input type="checkbox"/> Damage Deposit |
| Check # _____ | Check # _____ |

Received By:

Date:

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