



CITY OF  
**SUMNER**  
WASHINGTON

# City of Sumner Temporary Use Permit Application

(Please fill out ALL fields unless otherwise noted)

Community Development  
1104 Maple Street, Suite 250  
Sumner, WA 98390  
Tel. (253)299-5530 Fax: (253)299-5539  
[www.ci.sumner.wa.us](http://www.ci.sumner.wa.us)

**File Number:** \_\_\_\_\_

Site/Project Address (if available):		Parcel #:		
Owner:	Phone:	Email:		
Owner Address:		City:	State:	Zip:
Surveyor/Engineer/Contractor:		Phone:	Contractor License Number:	
Address:	Email:	City:	State:	Zip:
Contact Person:	Phone:	Fax:		
Contact Address:	Email:	City:	State:	Zip:
<b>Description of Project:</b>				

### Supporting Materials Required:

#### Office Applicant - (please check off all "applicant" boxes)

**This Application** Form and Checklist

#### Site Plan

**2 - copies 8.5" x 11"**

- Building envelope with building setbacks
- Streets in relationship to the proposed Temporary Structures
- Parking configuration
- Accessible spaces
- Location of fire hydrants
- Temporary Signs – Location and size
- Other items (e.g. stage, rides)
- Fire access lanes

#### Temporary Structure Floor Plans

**2 - Copies 8.5" x 11"**

- Table / Chair set-up
- Exit paths
- Fire Extinguisher Locations

#### Certificate of Flame Resistance

**1 - Copy**

#### Permit fee

**(Please consult the Permit Specialist for the fee amount)**

I HEREBY CERTIFY THAT I HAVE READ AND EXAMINED THIS APPLICATION AND KNOW THE SAME TO BE TRUE AND CORRECT. ALL PROVISIONS OF LAWS AND ORDINANCES GOVERNING THIS TYPE OF WORK WILL BE COMPLIED WITH WHETHER SPECIFIED HEREIN OR NOT.

**\*\*BY LEAVING THE CONTRACTOR INFORMATION SECTION BLANK, I HEREBY CERTIFY FURTHER THAT CONTRACTORS (GENERAL OR SUBCONTRACTORS) WILL NOT BE HIRED TO PERFORM ANY WORK IN ASSOCIATION WITH THIS PERMIT. (building permits only)**

\_\_\_\_\_  
SIGNATURE OF OWNER / AUTHORIZED AGENT

\_\_\_\_\_  
PRINTED NAME

DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_