



City of Sumner Temporary Use Permit Application

(Please fill out ALL fields unless otherwise noted)

Community Development
cd@sumnerwa.gov
(253)299-5530

www.sumnerwa.gov

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:
Description of Project:				

Supporting Materials Required:

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

This Application Form and Checklist - pdf copy of all required documents

Site Plan

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

Table / Chair set-up
Exit paths
Fire Extinguisher Locations

Certificate of Flame Resistance

Permit fee

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)**

DATE: ____/____/____

SIGNATURE OF OWNER / AUTHORIZED AGENT _____

PRINTED NAME _____