



**CITY OF NAPERVILLE
DEVELOPMENT SERVICES TEAM
APPLICATION FOR TEMPORARY BUILDING, STRUCTURE, & USE OF LAND**

Permit # _____

Complete this application and submit it to the Development Services Team (DST), 400 S. Eagle Street, Naperville, IL. **Applications will not be accepted by mail.** For further information contact the DST counter at (630) 420-6100.

**All information must be completed. Incomplete applications will not be accepted.
Please type or print clearly.**

Address of Temporary Use*/Donation Box:

Property Owner _____

Address _____
City _____ St ___ Zip _____
Phone (_____) _____
Contact _____

Applicant _____

Address _____
City _____ St ___ Zip _____
Phone (_____) _____
Contact _____

Contractor _____

Address _____
City _____ St ___ Zip _____
Phone (_____) _____
Contact _____

**Note: temporary buildings, structures or uses of land shall not be established for a period exceeding 6 months without approval by the Naperville City Council.*

FOR TEMPORARY USE APPLICANTS:
TYPE OF STRUCTURE & USE

ELECTRICAL SERVICE YES NO

IF YES AMP SIZE

Dates structure is to be up -- FROM: TO: # OF DAYS

FOR ALL APPLICANTS:

- ITEMS SUBMITTED:** Application Disclosure of Beneficiaries
 3 Copies of Site Plans & Specifications Payment
 Certificate of Insurance (Required for City Property Only)

I, _____, being the applicant or owner of the premises in which the temporary use/donation box shall be established, agree to conform with and abide by all the rules, regulations, and provisions of the City Ordinances pertaining to the installation and maintenance of temporary uses/donation boxes now or hereafter in force.

Signature _____

Date _____



**CITY OF NAPERVILLE
DISCLOSURE OF BENEFICIARIES**

In compliance with Ordinance 85-193, An Ordinance amending Title 1 (Administrative) of the Naperville Municipal Code, as amended, by adding Chapter 12 thereto requiring disclosure of certain interests by persons applying for permits, licenses, approvals or benefits from the City of Naperville

1. Applicant:

Name

Address

2. Nature of Benefit sought:

3. Nature of Applicant: (Please check one)

- | | | | |
|-----------------------|-------|------------------|-------|
| a. Natural Person | _____ | d. Trust/Trustee | _____ |
| b. Corporation | _____ | e. Partnership | _____ |
| c. Land Trust/Trustee | _____ | f. Joint Venture | _____ |

4. If applicant is an entity other than described in Section 3, briefly state the nature and characteristics of applicant:

5. If in your answer to Section 3 you checked box b, c, d, e or f, identify by name and address each person or entity which is a 5% shareholder in the case of a corporation, a beneficiary in the case of a trust or land trust, a joint venture in the case of case of a joint venture, or who otherwise has a proprietary interest, interest in profits and losses or right to control such entity:

	Name	Address	Interest
a.	_____	_____	_____
b.	_____	_____	_____
c.	_____	_____	_____
d.	_____	_____	_____

6. Name, address and capacity of person making this disclosure on behalf of the applicant:

IMPORTANT NOTE: In the event your answer to Section 5 identifies entities other than a natural person, additional disclosures are required for each entity.

VERIFICATION

I, _____, being first duly sworn under oath, depose and state that I am the person making this disclosure on behalf of the applicant, that I am duly authorized to make this disclosure, that I have read the above and foregoing Disclosure of Beneficiaries, and that the statements contained therein are true in both substance and fact.

Subscribed and Sworn to before me this _____ day of _____, 20 _____.

Notary Public



Naperville

TEMPORARY STRUCTURE CHECKLIST

ADDRESS _____

PLANS: A site plan showing existing buildings, lot lines, driveways, walks, temporary structure, placement and layout of stock inside and out, and safety barriers. The following checklist of requirements is a method of providing the required information and is to be addressed.

HOW LONG WILL STRUCTURE BE ON SITE? FROM _____ TO _____

FOR WHAT WILL IT BE USED? _____

IS SITE PLAN PROVIDED? (SEE EXHIBIT B) _____ YES _____ NO

LOCATION OF TEMPORARY STRUCTURE ON SITE? _____ YES _____ NO

Provide dimensions

IS PLACEMENT WITHIN BUILDING LINES? _____ YES _____ NO

METHOD USED TO SECURE STRUCTURE TO GROUND _____

PROVIDED MANUFACTURER'S WIND RATINGS? _____ YES _____ NO

PROOF OF FLAME SPREAD/FIRE PROOFING? _____ YES _____ NO

LAYOUT OF THE INTERIOR? _____ YES _____ NO

CLEAR AISLES INSIDE STRUCTURE? _____ YES _____ NO

WILL THERE BE ELECTRICITY ON SITE? _____ YES _____ NO

ELECTRIC HOOK-UP TO STRUCTURE? _____ YES _____ NO

If yes,

Methods of wiring have been provided? _____ YES _____ NO

Diagram has been provided? _____ YES _____ NO

Specify hours of operation FROM _____ TO _____

SANITARY FACILITIES? _____ YES _____ NO

If yes, indicate type, amounts and locations _____

DUMPSTER(S) FOR RUBBISH? _____ YES _____ NO

**GREENHOUSES:
PARKING (HOW MANY SPACES USED)** _____

DISTANCE TO MAIN BUILDING AND AISLES _____

FOR OFFICE USE ONLY

BUILDING APPROVAL: _____ **DATE:** _____
Proceed with tent permit issuance _____ **YES** _____ **NO**

Additional Information Requested

DPU ELECTRIC APPROVAL: _____ **DATE:** _____
Proceed with tent permit issuance _____ **YES** _____ **NO**

TEMP ELECTRIC SERVICE: _____ **YES** _____ **NO**

GENERATOR: _____ **YES** _____ **NO**

Additional Information Requested

PLANNING/ZONING APPROVAL: _____ **DATE:** _____
Proceed with tent permit issuance _____ **YES** _____ **NO**

Additional Information Requested

FIRE DEPARTMENT APPROVAL: _____ **DATE:** _____
Proceed with tent permit issuance _____ **YES** _____ **NO**

Additional Information Requested

- | | |
|--|---|
| <input type="checkbox"/> <i>SUBMIT APPLICATION AT COUNTER</i> | <input type="checkbox"/> <i>ISSUE PERMIT OVER THE COUNTER</i> |
| <input type="checkbox"/> <i>SEE SPECIAL EVENTS COORDINATOR</i> | <input type="checkbox"/> <i>SPECIAL EVENTS APPROVAL</i> _____ |