



LAKE HAVASU CITY Temporary Use Permit Application

Return completed application to the Community Investment Department

2330 McCulloch Blvd. N., Lake Havasu City, AZ 86403 Phone: 928.453.4148 Website: www.lhcaz.gov

For faster processing, email completed application to: planningapplications@lhcaz.gov

For use specific standards see Lake Havasu City Development Code Section 14.03.03

CLICK HERE

APPLICATION NUMBER _____

DATE _____

(1) OWNER NAME/MAILING ADDRESS/CONTACT INFO

PHONE _____
EMAIL _____

(2) APPLICANT NAME/MAILING ADDRESS/CONTACT INFO (if different than Owner)

PHONE _____
EMAIL _____

(3) SITE LOCATION

STREET ADDRESS _____

ASSESSOR PARCEL ID _____ TRACT _____ BLOCK _____ LOT _____

(4) EVENT INFORMATION

Description of Event: _____

Event Start Date & Time: _____

Event End Date & Time: _____

Tents	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Canopies	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Booths	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Fireworks	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Concessions	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Private Security	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Request Law Enforcement	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

If Yes; Number _____	Size (sq. ft.) _____
If Yes; Number _____	Size (sq. ft.) _____
If Yes; Number _____	

Noise From All Sources Related to the Event: Indicate types and sources of significant noise from the event/use and the times of day these noises will occur. Sources of noise cannot exceed the decibel level outlined in Chapter 9.30.050 of the Lake Havasu City Code.

Noise Source(s): _____ Time(s) of Day _____

How will noise levels be managed to avoid creating a public nuisance to residents in the area of the event?

(5) SUBMITTAL REQUIREMENTS

- a) Completed applications must be submitted to the Community Investment Department 21 days prior to the event.
- b) Written permission for the event from the property owner.
- c) 1 ea. 8 1/2" X 11" Site Plan including restrooms, parking, access, concessions (if applicable).

(6) APPLICATION PROCESSING TIMEFRAME & FEES

- a) Staff reviews submittal requirements for completeness and compliance with the Lake Havasu City Code (3 business days).
- b) Staff contacts applicant for payment of fee (3 business days). Fees can be paid by credit card, check, or cash.
- c) Staff processes review which includes multiple City departments (10 business days).
- d) Staff mails original Notice of Action to owner and a copy to applicant (if different).

3 Day Temporary Use Permit \$75.94 Temporary Use up to 30 Days \$399.94

(7) CONTACT PLANNING FOR FURTHER INFORMATION

Stuart Schmeling, Zoning Administrator, Senior Planner, 928.854.0714 or email schmelings@lhcaz.gov
Luke Morris, City Planner, 928.854.0722 or email morrisl@lhcaz.gov

(8) CLARIFICATION

A person may request the City to clarify its interpretation or application of a statute, ordinance, code, or policy affecting the procurement of this license in accordance with ARIZ. REV. STAT. § 9-839.

(9) CERTIFICATION/ACKNOWLEDGEMENT

- a) I hereby file the above request as an authorized applicant.
- b) To the best of my knowledge, the information provided herein is accurate and true.
- c) If any information is incorrect, I understand this permit can be revoked.
- d) I understand failure to comply with conditions placed on this permit or the creation of a public nuisance as defined by applicable state and local law may result in the immediate abatement of the offending activity or revocation of this permit.
- e) I understand this event may be monitored by the City.
- f) Lake Havasu City reserves the right to require utilization of trained public services personnel as may be warranted by certain or specific conditions or as deemed necessary by the City.
- g) I am aware of the steps and timeframes involved in the processing of this application.

To submit this application electronically, Lake Havasu City requires that you certify your application by submitting an electronic signature. Please type your name in the field below and click the confirm signature check box.

SIGNATURE _____

DATE _____

CONFIRM SIGNATURE