

**CITY OF POLK CITY, IOWA
TEMPORARY SITE PLAN**

Application for Permit to Erect Tent or Air Supported Structure, and/or provide temporary Parking Area

Date: _____ Fee: \$ _____

By: _____ Address: _____
(owner, organization or firm)

Phone _____

Occupied as _____

Located at _____

Attach Plans:

Plans drawn to scale required ? Yes _____ No _____ (to be determined by City Administrator)

Date(s) and Time(s) to commence temporary use _____

Date(s) and Time(s) to cease temporary use _____

Remarks _____

Temporary parking lot surfacing material: grass _____ other (please specify) _____

Site to be re-seeded by _____

Curb ramp needed? No _____ Yes _____ If yes, material: _____

Culvert needed? Yes _____ No _____

Permit for Chemical Toilets required? No _____ Yes _____
(if yes, attach approved permit to this form)

Name of owner of tent(s): _____

Tent to be erected by: _____

Flame-retardant treatment used? Yes _____ No _____ Date of Last treatment _____

Electrical service to be provided: Yes _____ No _____

NO SMOKING signs posted? _____ Marking of exits? _____

Fire extinguishers required? Yes _____ No _____ If yes, number of extinguishers required? _____

Approved by: _____ Date: _____

Inspection Date: _____