



100 W. Atlantic Blvd Pompano Beach, FL 33060
 Phone: 954.786.4634 Fax: 954.786.4666

Minor Temporary Use Application

Application Review Process:

	Step 1	Step 2	Step 3
Minor Temporary Use Permit (Pg. 2)	Pre-Application Conference (Required)	Staff Review	Development Order from the DSD

The following number of Plans:

	24"x36" (Signed & Sealed)	11"x17" (Signed & Sealed)	Digital Submission
Staff Review	1	1	1

Initial* Application Checklist:

<input type="checkbox"/>	One (1) completed application with original signatures.	<input type="checkbox"/>	Legal Description (Digital copy in WORD)
<input type="checkbox"/>	Proof of ownership (owner's certificate form must be completed by owner).	<input type="checkbox"/>	Application Fee as established by resolution of the City Commission
<input type="checkbox"/>	Current survey. <i>Surveys to be recent and must show all improvements on the property</i>	<input type="checkbox"/>	Conceptual Site Plan demonstrating requested Temporary Use
<input type="checkbox"/>	Written Narrative describing requested Temporary Use and point-by-point response to each Review Standards (and Use Specific Standard, if applicable)/ Narratives must be on letterhead, dated, and with author indicated. (Digital copy in WORD)		

*Updated copies of the application, proof of ownership, or narrative may be required if information has changed. For example, if the property ownership changes, the owner's certificate and application will need to be revised with the city file.



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155.2412. TEMPORARY USE PERMIT (Minor)

(Below is a summary of Section 155.2412. For the complete language, please refer to the Zoning Code)

APPLICABILITY

A development order for a Minor Temporary Use Permit is required for any proposed temporary use set forth in Part 4 (Temporary Uses and Structures) of Article 4: Use Standards.

REVIEW STANDARDS

A Temporary Use Permit shall be approved only on a finding that the temporary use, as proposed:

1. Is on its face temporary in nature;
2. Is in harmony with the spirit and intent of this Code;
3. Is not detrimental to property or improvements in the surrounding area, or to the public health, safety, or general welfare;
4. Does not have substantial adverse effects or noise impacts on any adjoining permanent uses or nearby residential neighborhoods;
5. Is compatible with any principal uses on the site;
6. Is located on a site containing sufficient land area to allow the temporary use and associated structures, and accommodate any associated parking and traffic movement, without disturbing environmentally sensitive lands; and
7. Complies with all applicable use-specific standards in Section 155.4403;

Certain Temporary Uses also have Use-Specific Standards set forth in Part 4 (Temporary Uses and Structures) of Article 4: Use Standards.

PROCEDURE

1. Pre-Application conference with Planner.
2. Final Decision by the Development Service Director.



City of Pompano Beach
 Department of Development Services
 Planning & Zoning Division

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STREET ADDRESS		Zoning District
Subdivision	Block	Lot
Representative or Agent's interest in property (Owner, Lessee, Etc)		
Has any previous application(s) been filed?	Yes _____ No _____	
If Yes, give date of hearing and finding		

Owner's Representative or Agent	Landowner (Owner of Record)
Business Name (if applicable)	Business Name (if applicable)
Print Name and Title	Print Name and Title
Signature	Signature
Date	Date
Street Address	Street Address
Mailing Address City/ State/ Zip	Mailing Address City/ State/ Zip
Phone Number	Phone Number
Email	Email
Indicate your preferred medium to receive agendas and notifications: ___ Mail ___ E-Mail	Indicate your preferred medium to receive agendas and notifications: ___ Mail ___ E-Mail



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OWNERS CERTIFICATE

This is to certify that I am the owner of the subject lands described in this application and that I have authorized the filing of the aforesaid application. I further certify that this request is not related to any existing violation of the zoning code.

Note: If this request is related to an existing zoning violation, please submit documentation as to the Special Master's disposition of the matter.

Owner's Name: _____

(Print or Type)

Address: _____

_____ (Zip Code)

Phone: _____

Email address: _____

(Signature of Owner or Authorized Official)

SWORN AND SUBSCRIBED before me this ____ day of _____, _____.

NOTARY PUBLIC, STATE OF FLORIDA

(Name of Notary Public: Print, stamp, or Type as Commissioned.)

- [] Personally know to me, or
[] Produced identification: _____
(Type of Identification Produced)