



Temporary Use Permit – Public Property
City of Delaware – Planning and Community Development
Phone 740.203.1620 Fax 740.203.1699

Permit # _____

\$30.00 Fee

Subject Parcel Address _____

Parcel Number _____

Applicant Name: _____

Applicant Address: _____

Applicant email _____

Applicant phone _____

Hours of operation (Be specific, include Sat. & Sun.)

Additional information (if applicable)

Days _____ Hours _____

Retail Food License # _____

Days _____ Hours _____

Liquor License # _____

Days _____ Hours _____

Proposed Event Capacity (in people) _____

INDEMNITY AGREEMENT – By signing this application and providing proof of insurance, the Applicant hereby indemnifies and saves harmless the City of Delaware, its employees, officials, agents, successors and assigns from any liability to any person on account of any damage to person or property arising out of the temporary use of the subject public property.

INSURANCE REQUIREMENT – The permit holder shall be required to provide proof as an attachment to this application to serve, pay for and maintain until expiration of this permit public liability and property damage insurance as shall protect him and the City from claims for personal injury and property damage, naming the City as a co-insured and providing \$1,000,000 of coverage.

REVOCABILITY – By signing this application, signatures acknowledge that this permit is revocable at the discretion of the City. Some of the causes for a revocation of the permit include but are not limited to: disturbance to neighboring uses, disorderly conduct on the premises, and refusal to adhere to any required the guidelines and code enforcement orders.

The undersigned will be the sole responsible person or entity and do hereby verify the truth and correctness of all facts and information presented with this application and authorize on-site inspections by City Staff. The undersigned shall be responsible for any damages to the subject property.

Owner or Authorized Agent _____ Date _____

Approved By:

Planning/Zoning: _____ Date _____

CBO: _____ Date _____

City Manager: _____ Date _____