



# Village of Bloomingdale

## TEMPORARY LAND USE SPECIAL EVENT APPLICATION

Permit Number \_\_\_\_\_

*"Growth with Pride"*

### Building & Zoning Department

[buildingandzoning@vil.bloomingtondale.il.us](mailto:buildingandzoning@vil.bloomingtondale.il.us)

phone: (630) 671-5660

fax: (630) 893-1596

### Village Hall Hours

Monday-Friday

8:30 am – 4:30 pm

### APPLICANT INFORMATION:

Applicant / Sponsoring Organization: \_\_\_\_\_

Person / Event Organizer Contact Person: \_\_\_\_\_

Applicant Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Applicant E-Mail Address: \_\_\_\_\_ Phone: \_\_\_\_\_

On-Site Person in Charge Event: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

### EVENT INFORMATION:

Location of Temporary Land Use / Special Event: \_\_\_\_\_

Property Owner: \_\_\_\_\_ Phone: \_\_\_\_\_

Type of Temporary Land Use / Special Event: \_\_\_\_\_

Description and Purpose: \_\_\_\_\_

Beginning Date of Event: \_\_\_\_\_ Ending Date: \_\_\_\_\_

Total Days: \_\_\_\_\_ Hours of Operation: From: \_\_\_\_\_ To: \_\_\_\_\_

### PROVIDE SITE PLAN OF THE PROPOSED TEMPORARY LAND USE/SPECIAL EVENT INCLUDING SIGNAGE

The undersigned hereby applies to the Village of Bloomingdale, Illinois for a permit herein described; and, if granted, the applicant shall comply with all requirements of the Village Code and applicable Ordinances relating hereto and shall pay the required fees per Village Code Section 10-1-2.

Signature of Applicant

\_\_\_\_\_

Date of Application

\_\_\_\_\_

Permit Fee \$ \_\_\_\_\_

Date Permit Issued \_\_\_\_\_

Receipt # \_\_\_\_\_

Issued By:

\_\_\_\_\_  
Building Commissioner