



Village of Bloomingdale

TEMPORARY LAND USE SPECIAL EVENT APPLICATION

Permit Number _____

"Growth with Pride"

Building & Zoning Department

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