



CITY OF KNOXVILLE

Plans Review & Inspections Division

Temporary Use Permit Information

Temporary Use Permits are intended to regulate uses on *private* property that occur for limited periods of time (not to exceed 30 days, except for temporary construction facilities). **Temporary Use Permit applications must be submitted a minimum of thirty (30) days prior to the start of the event to ensure sufficient time for review and approval.** Upon submittal of a complete application, Staff will review the proposed temporary use for conformance with City of Knoxville codes and policies per Article 5, Section 13 of the Zoning Ordinance. The applicant will be contacted by the Plans Review and Inspections Division with the City's decision regarding the proposed temporary use.

When do I need a Temporary Use Permit?

Per Article 5, Section 13. B., the following uses are deemed to be temporary uses...

- Carnival or Circus
- Christmas Tree Sales
- Tents/Canopies
- Seasonal Sale of Farm Produce
- Temporary Construction Facilities
- Portable Storage Containers
- Use of Goats for invasive plant control such as kudzu

Submittal Checklist

See Event Questionnaire to determine applicable fees and additional submittal materials

Note: Please submit all plans on 8 1/2" x11" paper and attach to application.

1. Temporary Use Permit Application
2. Owner Authorization Form
3. Temporary Use Permit Fee **\$100**
4. Fire Permit Fees (if applicable) Contact the Fire Department at 865-215-2283 for more information.
5. Business License Number _____
(Attach list of vendor license numbers on separate sheet if applicable)
6. Special Event Liquor License Number (if applicable) _____
7. Site Plan of the temporary use/event area indicating the location of the following:
 - Buildings/Structures
 - Access/Administration Points
 - Tents/Canopies
 - Parking
 - Merchandise/Food Vendors
 - Open Flames/Cooking Areas
 - Carnival/Amusement Rides
 - Signs
8. Sign Diagrams
9. Traffic Control Plan (if applicable)
10. Security Plan (if applicable)
11. Request for Fire/EMS staff (if applicable)



CITY OF KNOXVILLE

Plans Review & Inspections

City County Building
 400 Main Street, Suite 505
 P.O. Box 1631
 Knoxville, TN 37901

Temporary Use Permit Application

LOCATION		PROPERTY OWNER	
Business Name _____	_____	Name _____	_____
Street Address _____	_____	Street Address _____	_____
City, State, Zip _____	_____	City, State, Zip _____	_____
Subdivision/Shopping Center _____	_____	Phone Number _____	_____
CLT _____	Zoning District _____	Email _____	_____

APPLICANT INFORMATION		APPLICANT'S	CONTACT
Name _____	_____	Owner <input type="checkbox"/>	Name _____
Street Address _____	_____	Contractor <input type="checkbox"/>	Primary Phone# _____
City, State, Zip _____	_____	Tenant <input type="checkbox"/>	Secondary # _____
Phone Number _____	_____	Other <input type="checkbox"/>	(describe): _____

EVENT DETAILS

EVENT INFORMATION	
Date(s) of Event _____	Setup Date/Hours _____
Hours of Event _____	Clean-Up Date/Hours _____

The applicant of this permit does hereby covenant and agree to comply with the ordinances of this jurisdiction pertaining to said building and site, and to construct the proposed use in accordance with the plans and specifications submitted herewith, and certify that the information and statement given on this application, drawings, and specifications are to be the best of their knowledge, true and correct. It is understood and agreed by the applicant that any error, misstatement, or misrepresentation of the fact, either with or without intention on his part, such as might, if known cause a refusal of this application or any alternative or change in plans made without approval of the Zoning Inspector subsequent to the issuance of the temporary use permit shall constitute sufficient grounds for revocation of such permit and the temporary use will be declared illegal.

APPLICANT'S SIGNATURE _____ DATE _____

OWNER AUTHORIZATION FORM

It is requested that a Temporary Use Permit application be accepted by the Plans Review and Inspections Division of the City of Knoxville for property generally located at:

(e.g. northeast corner of Kroger parking lot at 85th Ave. & Mountain View Road)

Tax Parcel Number _____ - _____ - _____

Address (if applicable) _____

Said property is owned by:

I hereby certify that the above information and information submitted as part of the requested application is correct, and that I am authorized to file an application on said property, being either the owner of record or authorized by the owner. (If not owner of record, attach written authorization from owner.)

Owner's Name Date

Owner's Signature Date