



**CITY OF WIXOM
TEMPORARY EVENT APPLICATION**

1. Identification

Address _____
City/State/Zip _____
Phone (____) _____ Fax (____) _____
Applicant Name _____
Property Owner Name (if other than above) _____
Signature _____ Date _____

2. Permit Request

Description of Requested Use _____

(Attach Additional Sheets as Necessary)

Beginning Date _____ Ending Date _____

3. Information Required for Review. Attach a copy of liability insurance coverage and a sketch plan showing the following:

- a. Property lines
- b. Adjacent uses and zoning district
- c. Existing and proposed buildings and structures
- d. Location of any areas for storage of items or display
- e. Fire hydrants
- f. Layout of parking
- g. Boundaries of proposed event
- h. Location and size of any proposed signs-a separate sign permit application is required for all signs

| | |
|--------------------------------------|-------------------------|
| For Building Official Use: | |
| Permit Fee _____ | |
| Approved _____ | |
| Denied _____ | Reason for Denial _____ |
| Signature of Building Official _____ | Date _____ |
| Police Chief _____ | |
| Fire Chief _____ | |
| City Clerk _____ | |

COPY OF APPROVED APPLICATION SHALL SERVE AS PERMIT