



**CITY OF SAN JUAN CAPISTRANO**  
 Planning Division  
 32400 Paseo Adelanto  
 San Juan Capistrano, California 92675  
 (949) 443-6331

TUP #:	Received by:
Project Manager:	Date Received:
Fee:	

## TEMPORARY USE PERMIT (TUP) APPLICATION

### I. PROPERTY OWNER

Name:.....Phone:.....

Mailing Address:.....

### II. APPLICANT

Name:.....Phone:.....

Mailing Address.....

### III. PROJECT DESCRIPTION (check one)

- Temporary storage of building materials (restricted to those materials used during the construction of a permitted building project).
- Temporary construction office/trailer (of the contractor provided such office is located on the construction site or on property adjoining the construction site).
- Large construction in residential yards (boat construction, car restoration, etc.; shall not occur in any required front or side yard; shall be for the personal use of the applicant or family; shall comply with Section 9-3.615 noise standards; and shall be issued for a period not longer than one year, provided that extensions may be granted subject to the approval of the Director).
- Other:.....

### IV. PROPERTY DESCRIPTION

Location:..... Street Address:.....

Tract-Block-Parcel No:..... Assessor Parcel Number(s).....

### V. SUBMISSION REQUIREMENTS

- site plan depicting location and limits of the temporary use.
- floor plans and/or building elevation(s) for proposed temporary structures

**VI. SIGNATURE/ACKNOWLEDGMENT:** I hereby acknowledge that this permit application will not be considered complete until I have submitted all required documentation and fees. I hereby certify that all information contained in this application, including all plans and materials required by the City's permit requirements is, to the best of my knowledge, true and correct. I hereby grant the City authority to enter onto the property to conduct site inspections (sign below).

Property Owner:..... Applicant:.....

**OFFICE USE ONLY**

***VII. INTER-DEPARTMENTAL/AGENCY REVIEW***

**Building & Safety Division**

recommend approval

recommend denial

Conditions/comments:.....  
.....  
.....

Building Official Signature:..... Date:.....

**Public Works Division**

recommend approval

recommend denial

Conditions/comments:.....  
.....  
.....

City Engineer Signature:..... Date:.....

**Utilities Division**

recommend approval

recommend denial

Conditions/comments:.....  
.....  
.....

Utilities Engineering Signature:..... Date:.....

**Planning Division**

recommend approval

recommend denial

Conditions/comments:.....  
.....  
.....

Staff Planner Signature:..... Date:.....

**Orange County Fire Authority**

recommend approval

recommend denial

Conditions/comments:.....  
.....  
.....

OCFA staff Signature:..... Date:.....

***VII. FINAL ACTION***

APPROVED

DENIED

Subject to the following conditions of approval:

.....  
.....  
.....

.....  
Development Services Director

.....  
Date