



**SANGAMON COUNTY  
ZONING DEPARTMENT**  
200 So. 9<sup>th</sup> St.-Rm. 213-County Complex  
Springfield, IL 62701  
(217) 753-6760 \* Fax (217) 535-3194  
Zoning@co.sangamon.il.us  
**TEMPORARY USE PERMIT APPLICATION  
FOR NOVELTY FIREWORK STANDS**

Application Date \_\_\_\_\_

Record # \_\_\_\_\_

Stand or Tent Owner \_\_\_\_\_ Phone \_\_\_\_\_

Project Address \_\_\_\_\_

Address for permit to be sent \_\_\_\_\_

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

Address of Property Owner \_\_\_\_\_

Township \_\_\_\_\_ Parcel # \_\_\_\_\_

Subdivision \_\_\_\_\_ Lot \_\_\_\_\_ Zoning \_\_\_\_\_

Parcel Type: \_\_\_\_\_ Industrial \_\_\_\_\_ Residential \_\_\_\_\_ Commercial \_\_\_\_\_ Agricultural

Do you have public water? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you have public sewer? Yes \_\_\_\_\_ No \_\_\_\_\_

Structure Size: Width \_\_\_\_\_ Length \_\_\_\_\_ Height \_\_\_\_\_ Total Square Footage \_\_\_\_\_

Date property will be staked out \_\_\_\_\_

Street Frontage (Feet)	Start Date:
Front Setback (Feet)	End Date:
Rear Setback (Feet)	Type of Temporary Use:
Left Setback (Feet)	
Right Setback (Feet)	

Signature of Applicant \_\_\_\_\_

<b>FOR OFFICE USE ONLY</b>	
Permit Fee \$ _____	Sketch attached: _____ Yes _____ No
Zoning Approval date: _____	Inspector: _____
Committee Approval date: _____	