



# LAKE HAVASU CITY Temporary Use Permit Application

Return completed application to the Community Investment Department  
2330 McCulloch Blvd. N., Lake Havasu City, AZ 86403 Phone: 928.453.4148 Website: [www.lhcaz.gov](http://www.lhcaz.gov)  
For faster processing, email completed application to: [planninginfo@lhcaz.gov](mailto:planninginfo@lhcaz.gov)  
For use specific standards see Lake Havasu City Code Section 14.03.03(F)

[CLICK HERE](#)

APPLICATION NUMBER \_\_\_\_\_ DATE \_\_\_\_\_

**(1) OWNER NAME/MAILING ADDRESS/CONTACT INFO**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
PHONE \_\_\_\_\_  
EMAIL \_\_\_\_\_

**(2) APPLICANT NAME/MAILING ADDRESS/CONTACT INFO (if different than Owner)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
PHONE \_\_\_\_\_  
EMAIL \_\_\_\_\_

**(3) SITE LOCATION**

STREET ADDRESS \_\_\_\_\_  
ASSESSOR PARCEL ID \_\_\_\_\_ TRACT \_\_\_\_\_ BLOCK \_\_\_\_\_ LOT \_\_\_\_\_

**(4) EVENT INFORMATION**

Description of Event: \_\_\_\_\_

Event Start Date & Time: \_\_\_\_\_ Event End Date & Time: \_\_\_\_\_

Tents	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	If Yes; Number _____	Size (sq. ft.) _____
Canopies	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	If Yes; Number _____	Size (sq. ft.) _____
Booths	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	If Yes; Number _____	
Fireworks	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No		
Concessions	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No		
Private Security	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No		
Request Law Enforcement	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No		

**Noise From All Sources Related to the Event:** Indicate types and sources of significant noise from the event/use and the times of day these noises will occur. Sources of noise cannot exceed the decibel level outlined in Chapter 9.30.050 of the Lake Havasu City Code.

Noise Source(s): \_\_\_\_\_ Time(s) of Day \_\_\_\_\_

How will noise levels be managed to avoid creating a public nuisance to residents in the area of the event?  
\_\_\_\_\_  
\_\_\_\_\_

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**(5) SUBMITTAL REQUIREMENTS**

- a) Completed applications must be submitted to the Community Investment Department 21 days prior to the event
- b) Written permission for the event from the property owner
- c) 1 ea. 8 1/2" X 11" Site Plan including restrooms, parking, access, concessions (if applicable)

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**(6) APPLICATION PROCESSING TIMEFRAME & FEES**

- a) Staff reviews submittal requirements for completeness and compliance with the Lake Havasu City Code (3 business days).
- b) Staff contacts applicant for payment of fee (3 business days). Fees can be paid by credit card, check, or cash.
- c) Staff processes review which includes multiple City departments (10 business days).
- d) Staff mails original Notice of Action to owner and a copy to applicant (if different).

Temporary Use Permit (4-30 Days)  \$455.63      Temporary Use Permit (3 Days)  \$113.40

Temporary Use Permit (4-30 Days - **Non Profit 501C3**)  \$227.81      Temporary Use Permit (3 Days - **Non Profit - 501C3**)  \$56.70

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**(7) CONTACT PLANNING FOR FURTHER INFORMATION**

Stuart Schmeling, Zoning Administrator 928.854.0714 [schmelings@lhcaz.gov](mailto:schmelings@lhcaz.gov)  
Luke Morris, Planner 928.854.0722 [morrisl@lhcaz.gov](mailto:morrisl@lhcaz.gov)

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**(8) CLARIFICATION**

A person may request the City to clarify its interpretation or application of a statute, ordinance, code, or policy affecting the procurement of this license in accordance with ARIZ. REV. STAT. § 9-839.

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**(9) CERTIFICATION/ACKNOWLEDGEMENT**

- a) I hereby file the above request as an authorized applicant.
- b) To the best of my knowledge, the information provided herein is accurate and true.
- c) If any information is incorrect, I understand this permit can be revoked.
- d) I understand failure to comply with conditions placed on this permit or the creation of a public nuisance as defined by applicable state and local law may result in the immediate abatement of the offending activity or revocation of this permit.
- e) I understand this event may be monitored by the City.
- f) Lake Havasu City reserves the right to require utilization of trained public services personnel as may be warranted by certain or specific conditions or as deemed necessary by the City.
- g) I am aware of the steps and timeframes involved in the processing of this application.

To submit this application electronically, Lake Havasu City requires that you certify your application by submitting an electronic signature. Please type your name in the field below and click the confirm signature check box.

**SIGNATURE** \_\_\_\_\_

**DATE** \_\_\_\_\_

**CONFIRM SIGNATURE**