



TEMPORARY USE PERMIT APPLICATION

MANHATTAN (1)
280 Broadway, 3rd Fl.
New York, NY 10007
(212) 393-2615

BRONX (2)
1775 Grand Concourse, 5th Fl.
Bronx, NY 10453
(718) 960-4700

BROOKLYN (3)
345 Adams Street, 3rd Fl.
Brooklyn, NY 11201
(718) 802-3677

QUEENS (4)
120-55 Queens Boulevard
Kew Gardens, NY 11424
(718) 286-7670

STATEN ISLAND (5)
10 Richmond Terrace, 2nd Fl.
Staten Island, NY 10301
(718) 420-3595

INSTRUCTIONS: Email completed Temporary Use Permit Application form to TempUse@buildings.nyc.gov.

1. APPLICANT INFORMATION

Applicant's Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Email Address: _____ Phone Number: _____

2. LETTER REQUESTED FOR THE FOLLOWING PREMISES

Property Address: _____

Block: _____ Lot: _____ Bin: _____

Owner's Name: _____ Phone Number: _____

Address: _____

3. REQUIRED INFORMATION

Current property use: _____
(EXAMPLE: 1- or 2- family dwelling, office space)

Proposed Temporary Use of the property: _____
(EXAMPLE: Model apartment, Sales Office)

Dates of Temporary Use (90 days maximum): _____
(EXAMPLE: 7/6/2024 – 10/4/2024, 90 days total)

Day(s)/Time(s) of Temporary Use: _____
(EXAMPLE: Monday thru Friday, 8:00 am to 3:30 pm)

Floor(s) of Temporary Use: _____
(EXAMPLE: 3rd floor, 4th floor, and 5th floor)

Total Number of Occupants of Temporary Use: _____
(EXAMPLE: 3rd floor, 4th floor, and 5th floor)

Is this a renewal request? YES NO

If YES, provide a copy of the previous approval.

4. DESCRIPTION OF TEMPORARY USE

Provide a detailed description of the proposed Temporary Use. Include a description of the following items related to the Temporary Use: the associated event name, life safety measures (*i.e.*, fire alarm, sprinklers etc.), occupancy class, related applications. Indicate if the use includes a child-related special occupancy. For renewal requests, include a reason for the extension.

5. STATEMENT & SIGNATURE

I understand that a letter authorizing a temporary use is not a substitute for a Certificate of Occupancy. Furthermore, I understand that such letter authorizing a Temporary Use must be limited as to time of service or use but shall not be permitted for more than 90 days. I hereby declare that the information provided is true and complete.

To the best of my professional judgment, I certify the location is safe for the Temporary Use described here within.

Name: _____
(please print)

Signature: _____ Date: _____
PE/RA Seal (apply seal, then sign and date over seal)

FOR DEPARTMENT USE ONLY

COMMENTS: _____

Fee: _____ Examiner: _____ Date: _____