

## TEMPORARY USE PERMIT APPLICATION

MANHATTAN (1) 280 Broadway, 3<sup>rd</sup> Flr. New York, NY 10007 (212) 393-2615 BRONX (2) 1775 Grand Concourse, 5<sup>th</sup> Flr. Bronx, NY 10453 (718) 960-4700 BROOKLYN (3) 345 Adams Street, 3<sup>rd</sup> Flr. 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, 2<sup>nd</sup> Flr. Staten Island, NY 10301 (718) 420-3595

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

pplicant's Name:			
lailing Address:			
ity:	State:	Zip Code:	
mail Address:		Phone Number:	
ETTER REQUESTED FOR THE FOL	LOWING PREM	IISES	
roperty Address:			
lock: Lot: _		Bin:	
wner's Name:		Phone Number:	
ddress:			
urrent property use:	(EXAMPLE: 1- (	or 2- family dwelling, office space)	
urrent property use: roposed Temporary Use of the property:		or 2- family dwelling, office space) XAMPLE: Model apartment, Sales Office)	
roposed Temporary Use of the property: ates of Temporary Use (90 days maximum):	(E.	XAMPLE: Model apartment, Sales Office) AMPLE: 7/6/2024 – 10/4/2024, 90 days total)	
roposed Temporary Use of the property: ates of Temporary Use <i>(90 days maximum</i> ): ay(s)/Time(s) of Temporary Use:	(EXAMPLE: Mo	XAMPLE: Model apartment, Sales Office) AMPLE: 7/6/2024 – 10/4/2024, 90 days total) Inday thru Friday, 8:00 am to 3:30 pm)	
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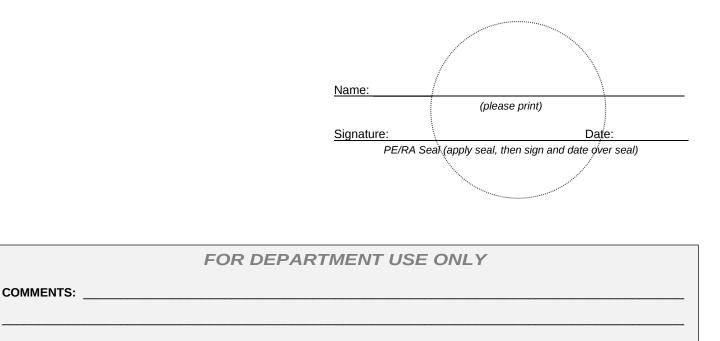
## 4. DESCRIPTION OF TEMPORARY USE

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.



Fee: \_\_\_\_\_ Examiner: \_\_\_\_\_

Date: \_\_\_\_\_