



Pumpkin & Christmas Tree Sales

Staff Approval Request for Zoning Approval

Project Number: _____-PA-_____

Only allowed in C-3, C-4, PRC, C-S zoning districts or within existing developed retail parcels.

There is an application fee to process this request. \$_____.

All sales must be conducted on commercially zoned undeveloped lots or within existing developed retail properties and must be privately owned. (Sec. 7.921. Pumpkin and Christmas tree sales. Pumpkin and Christmas tree sales may be conducted on vacant lots or within developed retail properties.)

***Provide a site plan or aerial that depicts the proposed location of the sales area including any tents, fencing, temporary buildings, generators and lights.**

***PLEASE NOTE: All lots require a separate approval and permit from the Scottsdale Fire Department. Contact the Assistant Fire Marshal at 480-312-1853 for information on submittal requirements.**

Each applicant is responsible for the prompt and efficient clean up of property within three days from the close of business operations.

Pumpkin Sales **Christmas Tree Sales** **Sale Date(s):** _____

Location/Address: _____ Zoning: _____

Is this property a vacant lot? YES NO If yes, an approved City of Scottsdale Dust Control Plan will be required prior to the issuance of any permits. Visit [@ 10 5 & w a a e E | c a | a * | ^ • | ~ | & • E | | • A a A](#) to download the Dust Control Plan for temporary parking on unpaved or vacant lots application.

Company Name: _____ Scottsdale Business License: _____

Applicant Name: _____

Phone: _____ Fax: _____ E-mail: _____

Signature: _____ Date: _____

Property Owner Authorization: (or attach separate letter)

I, _____, the owner of the property located at _____ within the city limits of Scottsdale, Arizona, do hereby give authorization to _____ (list applicant name and business name) to utilize my property for the temporary use of sales of pumpkins or Christmas trees with the understanding that the property will be cleaned and in compliance with city ordinances within 3 days of expiration of permit or responsibility will lie with me the Property Owner.

Name: _____ Signature: _____

Address: _____ Phone: _____

Official Use Only:

ZONING APPROVAL *

Staff Signature _____

Date _____

Planning, Neighborhood & Transportation Division

7447 E Indian School Road, Suite 100, Scottsdale, AZ 85251 • Phone: 480-312-2500 • Fax: 480-312-7088