



City of Wimberley

221 Stillwater, Wimberley, TX 78676
(512) 847-0025 Fax: (512) 847-0422
www.cityofwimberley.com

Temporary Structure

Planning & Development

Date: _____

Staff Review: _____

Permit No.: _____

Council Hearing: _____

Applicant: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

(If different from above)

Property Owner: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Subject Property Address: _____

Purpose/Use of Structure: _____

Requested Installation Date: _____ Requested Removal Date: _____

Will the temporary structure be served by electricity? YES ☐ NO ☐

Will the temporary structure be served by water service? YES ☐ NO ☐

If "YES" to either then an inspection is required for water and/or electrical service.

☐ If service is provided through another meter attach a letter of permission.

☐ Provide a site plan indicating location of temporary structure in relation to other structures, parking lots, property lines etc.

Permission from property owner is attached. YES ☐ NO ☐ N/A ☐

Has a Mobile Food Establishment application been submitted? YES ☐ NO ☐ N/A ☐

Temporary Structure Permit..... \$50.00 each structure
Inspections.....\$75.00 each

I certify that the information contained in this application is true and correct and that if any of the information provided is incomplete or incorrect the permit may not be issued or may be revoked by the City of Wimberley. I understand that all temporary structures or accessory uses shall be removed from the property at the expiration of the time period as defined in the permit unless another Temporary Structure Permit is obtained prior to expiration. I understand that a Certificate of Occupancy may be required, and contractor information will be provided if applicable. Adequate parking, restroom, setback, and additional requirements per City Ordinance No. 2012-007 & Ordinance No. 2016-007 will be verified by City staff.

Applicant: _____ Date: _____

City Official: _____ Date: _____ ☐ Approved ☐ Denied