

TEMPORARY USE PERMIT APPLICATION

STEVENS COUNTY LAND SERVICES—PLANNING DIVISION

Street Address: 260 S. Oak—Courthouse Annex, Colville, WA
Mailing Address: 215 S. Oak—Courthouse Annex, Colville, WA 99114
Phone: 509-684-2401 Fax: 509-684-7525

FOR OFFICE USE ONLY

File Number: _____

Receipt: _____

Date Received: _____

(Type 1 Application)

Application Submittal Checklist:

- Application fee:** \$30.00
Please make check payable to Stevens County Land Services.
- One copy of the proposed site plan**, on minimum size paper 8-1/2 x 11", drawn to a scale large enough to clearly portray all of the detail. The site plan shall show the following:
 1. The size and dimensions of the property.
 2. Existing and proposed structures.
 3. Setback of proposed structure to existing structures and property lines.
 4. Existing and proposed sewage disposal systems
 5. Existing wells and water lines
 6. Any surface water, such as lakes, ponds, streams or wetlands.
 7. The topography and physical characteristics of the lot, including slopes, drainage and elevation.
 8. The location and number of parking spaces to serve the proposed use.
 9. North arrow and scale of map.
- Affidavit** (notarized) for temporary manufactured home for medical hardship
- Completed application form**

APPLICANT SIGNATURES

This application is subject to all additions to and changes in the laws, regulations and ordinances applicable to the project until a Determination of Completeness is issued pursuant to SCC 3.30.110. I/We certify that the information contained on this application is true, complete and accurate to the best of my/our knowledge. I/We understand that information will be used by Stevens County for the purpose of determining whether this proposal meets the special development standards in SCC 3.06.070. I/We hereby grant to Stevens County, the right to enter the above described location to inspect the proposed work.

Signature of: (Circle one) Property Owner

Primary Contact/Agent

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CONTACT INFORMATION

Primary Contact: _____

Mailing Address: _____

City: _____ State _____ Zip _____

Day Time Phone: _____ Fax: _____

Email Address: _____

Property Owner(s): _____

Mailing Address: _____

City: _____ State _____ Zip _____

Day Time Phone: _____ Fax: _____

Email Address: _____

PROPERTY LEGAL DESCRIPTION

Tax Parcel Number(s): _____

Legal Description

Sec. _____ Twp. _____ Rge. _____

Or Name of Subdivision: _____ Lot _____ Block _____

Site Address/City _____

PROJECT DESCRIPTION

What is the existing use of the property?

Proposed use of the property and other information that describes your Temporary Use Permit request

How many months do you think you will need the temporary use? _____

A temporary use permit is required for a use which is not permitted in the underlying zoning classification and which is proposed to occur for a limited duration of time. The following temporary uses may be granted by the County for the periods of time indicated. Please check the temporary use you are proposing.

_____ Temporary construction building for storage or office use on an approved building lot.
Duration: 1 year (may be extended on a yearly basis by approval of County).

_____ Temporary construction residence (manufactured home) on an approved building lot.
Duration: 1 year (may be extended on a yearly basis by approval of County).

_____ Temporary school facilities, during new school construction or remodeling.
Duration: Period of active construction.

_____ Temporary manufactured home for medical hardship. **(PLEASE COMPLETE PAGE 4)**
Duration: 1 year (may be renewed if conditions and procedures are satisfied).

**AFFIDAVIT
TEMPORARY MANUFACTURED HOME FOR MEDICAL HARDSHIP**

Pursuant to Stevens County Code Title 3 Section 3.06.070, a temporary manufactured home for medical hardship may be renewed in 12 month increments if the following conditions and procedures area satisfied:

1. The manufactured home meets the setback requirements of the applicable zone;
2. All required permits will be obtained before placement;
3. The temporary dwelling is necessary to provide ongoing care;
4. A physician has certified that a resident of the property requires ongoing care (physician's statement below is completed OR a separate document is attached);
5. The primary provider of such ongoing care will reside on-site;
6. The applicant understands the temporary nature of the use;
7. The temporary use will be removed within 90 days of the expiration of the permit, or when ongoing care ceases.

Property Owner/Applicant: _____

Property tax parcel #: _____ in Sec. _____ Twp. _____ Rge. _____

Property site address/city: _____

The name of the resident of this property who requires ongoing care: _____

The resident of the temporary manufactured home will be: (check one)

_____ Caregiver _____ Resident who requires ongoing care

PHYSICIAN'S CERTIFICATION		
I hereby certify that I am a licensed physician and I certify that the resident of the property referenced above has a medical condition that requires ongoing care.		
Physicians Name: (please print)	Professional Classification:	
Physician's business address:	City, State, ZIP Code	
Physician's signature:	Telephone:	Date:

APPLICANT SIGNATURES	
I/we certify that I understand the above referenced criteria as it pertains to the approval of a temporary use permit for the placement of a temporary manufactured home due to medical hardship and that I/we will comply with all these conditions.	
_____ Property Owner/Applicant	_____ Property Owner/Applicant
ACKNOWLEDGEMENT (of property owners/applicant signatures):	
State of _____	
County of _____	
I certify that I know or have satisfactory evidence that _____ _____ is/are the person(s) who appeared before me, and said person(s) acknowledged that (he/she) signed this instrument and acknowledged it to be (his/her) free and voluntary act for the uses and purposes mentioned in the instrument.	
Dated: _____	
My appointment expires: _____	