



TEMPORARY USE APPLICATION

6100 219th Street SW, Suite 200
Mountlake Terrace, WA 98043
Phone 425.744.6267 Fax 425.775.0420
PermitSpecialist@ci.mlt.wa.us
www.cityofmlt.com

Application # _____

Job Site Address _____

Detailed Description of the Proposed Temporary Use (Please be complete as possible, using additional pages if necessary) _____

CONTACT INFORMATION

<u>OWNER</u>	
Name	_____
Address	_____
City	_____ State ____ Zip ____
Ph	_____ Fax _____
E-mail	_____
Contact Name	_____
Ph	_____ Fax _____
E-mail	_____

<u>APPLICANT</u>	
Name	_____
Address	_____
City	_____ State ____ Zip ____
Ph	_____ Fax _____
E-mail	_____
State Lic. #	_____
City Lic. #	_____

General Information:

1. Square Footage of Proposal _____
2. Date(s) of Use _____ Hours of Operation _____
3. Number of Employees (specify part & full time) _____
4. Zoning of Property _____

I certify to the best of my knowledge, the information provided on this application is true and correct.

Sign Owner / Agent _____ Date _____

Print Owner / Agent _____ Date _____

Temporary Use Application Terms & Conditions

Filing Requirements:

At a minimum the items checked shall be submitted for review and a determination by the City.

- Temporary Use Permit Application form completed, signed and notarized.
- Filing Fee, paid.
- A drawing of the site, to scale, showing the location of existing buildings, parking areas, landscape areas, driveways, and entrances/exits. Clearly mark out the area to be used for the temporary use or function (locate all proposed structures and entrances/exits. Clearly mark out the area to be used for the temporary use or function (locate all proposed structures and objects to be used).
- Label the outside dimensions of the proposed use or use area.
- Show utilities (water, sewer, power, phone, cable, emergency power backup, other) located in proximity to the proposed use. Which will be used? How will connections be made?
- Identify what impacts the use would have on the site, site users and off site. Is this displacing or disrupting other uses or functions? Describe how and for how long? How does this setup and location minimize or eliminate conflict with other activities (be specific).
- A signed and notarized authorization from the property owner allowing the temporary use on the subject property.
- Show that the proposal is ADA compliant (inside any structures or use areas and in vehicular use area) – on a site plan and/or building plans.
- Show and label the emergency vehicle access route. Label the width of such access in full.
- Temporary Use Business License.

Notes:

- A separate electrical permit must be obtained if power service is required.
- Additional requirements may apply and be subsequently requested on a case-by-case basis.

OFFICE USE ONLY

Received By _____ Date _____

Fee \$ _____ Receipt Number _____ Date _____

- | | | |
|--|---|--|
| <input type="checkbox"/> Appropriate Plot Plan | <input type="checkbox"/> Proper Zoning District | <input type="checkbox"/> Property Owner's Signature |
| <input type="checkbox"/> Fee | <input type="checkbox"/> Copy of State Business License | <input type="checkbox"/> Description of Activity or Product(s) |
| <input type="checkbox"/> Satisfactory Water, Sanitary Facilities & Power | <input type="checkbox"/> Other | |

Please initial, date and comment if necessary:

Recommendation	Approval	Denial	Conditions/Comments	Date
Planning				
Building				
Engineering				
Fire				
Police				