# TOWN OF LA CONNER
# APPLICATION FOR TEMPORARY USE
# CLASS III

Date of Application:_____          File #_____

Location of Temporary Use:_____          Tax Parcel #_____

## APPLICANT:

NAME_____

MAILING ADDRESS _____

CITY_____STATE_____ZIP CODE_____

PHONE_____EMAIL_____

## PROPERTY OWNER:

NAME_____

MAILING ADDRESS _____

CITY_____STATE_____ZIP CODE_____

PHONE_____EMAIL_____

***Please provide a brief description of the Temporary Use desired and address the criteria listed in the code below: (if applicable, please provide a SEPA Checklist)***

_____
_____
_____

*§15.110.050 – Temporary Use:*

*(1) Under this provision, the planning commission may allow a temporary permit, subject to the provisions of a conditional use permit, for a period not to exceed six months for a use not otherwise allowed in the zone, and not otherwise provided for under this chapter; provided, that the applicant provides evidence substantiating the following:*

   *(a) There is no reasonable alternative to the temporary use;*
   *(b) The permit will be necessary for a limited period of time;*
   *(c) The temporary use does not involve the erection of a substantial structure or require any other permanent commitment of the land;*
   *(d) The temporary use will not be detrimental to the area or to adjacent properties.*

*(2) The planning commission may renew a temporary permit, for a period not to exceed the maximum period of time allowed for an initial temporary permit under this chapter, according to the procedure for a conditional use permit; provided, that the applicant provides evidence substantiating the following:*

   *(a) The circumstances under which the original permit was granted remain substantially similar;*
   *(b) The use will not be detrimental to the area or to adjacent properties;*
   *(c) The use will comply with the comprehensive plan.*

Applicant Signature_____          Date_____

Property Owner Signature_____          Date_____

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### *OFFICE USE ONLY*

Permit fee paid _____          Date _____

❏ *SEPA Checklist*
❏ Approved
❏ Denied   Reason for denial_____

Planning Director _____          Date_____