

**CITY OF MADRAS
COMMUNITY DEVELOPMENT DEPARTMENT**

**TEMPORARY USE
APPLICATION**

(To be accompanied by a Plot Plan Map, and Letter of Authorization, if applicable.)

OFFICE USE ONLY	
FILE # _____	FEE \$ _____
RECEIPT # _____	RECEIVED By _____
ZONING _____	DATE RECEIVED _____

Legal Description of the Subject Property:

Township	Range	Section	Tax Lot
_____	_____	_____	_____

Street address of the property: _____

I/WE, THE UNDERSIGNED APPLICANT OR AUTHORIZED AGENT, AFFIRM BY MY/OUR SIGNATURE(S) THAT THE INFORMATION CONTAINED IN THE FOREGOING APPLICATION AND ASSOCIATED SUBMISSIONS IS/ARE TRUE AND CORRECT.

APPLICANT:

Company Name _____ Business License # _____

Printed Name: _____

Signature: _____ Date: _____

Address: _____ Phone: _____

City/State/Zip: _____ Fax: _____

PROPERTY OWNER (if different from Applicant)

Printed Name: _____

Signature: _____ Date: _____

Address: _____ Phone: _____

City/State/Zip: _____ Fax: _____

REQUIRED INFORMATION

1. Existing use of the proposed site: _____

2. Length of time the:
a. structure(s) are proposed to remain on site: _____
b. use is proposed for the site: _____
3. Type of building(s) to be used for the temporary structure or use: _____
4. Detailed description of the proposed use including the type(s) of sales and products _____

5. How many employees will be on site _____?
6. What are the hours of operation _____?
7. What days of the week will the temporary use be in operation _____?

_____ The applicant acknowledges that the Seasonal Temporary Use/Structure is valid for a period not to exceed three (3) months (i.e. 90 consecutive days); and the applicant accepts each and every risk of loss and damage that may result if the application is denied, and further agrees to hold the city, and its officers, agents, and employees harmless from said loss and damage.

_____ The applicant agrees to restore the site to its original condition if the application for the land use permit is denied.

Return Application To: City of Madras
Community Development Department
71 SE 'D' Street
Madras, Oregon 97741

Phone: 541-475-3388
Fax: 5541-475-3959