

Tillamook County Department of Community Development

1510-B Third Street. Tillamook, OR 97141 | Tel: 503-842-3408

www.co.tillamook.or.us

Fax: 503-842-1819

Date Stamp

OFFICE USE ONLY

TEMPORARY USE APPLICATION

Name:	Phone:						
Address:				_	□Approved	□Denied	
City:	State:	Zip	··		Received by:		
Email:	Juic.	216	, <u>, </u>	_	Receipt #:	•	
Liliali.				_	Fees:		
Property Owner					Permit No:		
Name:	Phone:				851	-PI NG	
Address:							
City:	State:	Zip):	L			
Email:		·					
Location:							
Site Address:							
Map Number:							
	Township Range			Section	Tax	Lot(s)	
Existing Land Use:				Site Si	ze:		
	EACH SECTION TO VERIFY	THAT YOU U	INDERSTAND YOU	IR RESP	ONSIBILITIES	AND	
CONDITIONS OF TH	HIS PERMIT:						
way authoriz	this permit is for a tempora es the landowner to constru move all solid waste and retu povide septic waste disposal e	ict a permaner urn the ground	nt, private or public Is to pre-event cond	campgr lition.	ound.		
of no less tha	an 1 per every 15 tents or ot	her non-self co	ontained camping u	nit.			
All motorized	l vehicle parking will take pl	ace only on dir	t or graveled space	s and wi	ill not be allow	ed on	
grasslands su	bject to combustion.						
use is solely responsible f	any damage to my property my responsibility and liabilit or any damages resulting fro this application and attachr	y. Tillamook Co om the issuanc	ounty and all its dep se of this permit.	artmen	ts will not be h	ield liable or be	
agencies of t	he county including the Cou	nty Sheriff and	the Fire Chief for e	ach dist	rict.		
I understand	I understand it is the responsibility of the landowner to secure necessary burn permits and to know the fire						
	hat are in place at the time opplied to any single burning				application is n	ion-refundable	

the following items are attached to my application.						
	A written description of the use.					
	Owner's signature or letter from owner granting permission.					
	A site plan indicating the location of the use on the site, location, and number of parking spaces, sign locations, and access points.					
	A copy of liability insurance for the event and its attendees.					
	Description of signs, their locations, and a sign permit application, if applicable.					
	Street closure permits, if applicable.					
	Tax map (location)					
	□ Fee of \$					
state my application complies with the applicable review standards.						
Applicant Signatur	e Date F	Property Owner Signature Date				
Print name:		Print name:				

OFFICE USE ONLY

HEALTH DEPARTMENT:	\square Approve	\square Deny	□ N/A
Comments:			
Reviewer's Signature:			_Date:
\square PUBLIC WORKS/ \square ODOT:	□ Арр	rove 🗆 Den	y □ N/A
Comments:			
Reviewer's Signature:			_Date:
SHERIFF:	☐ Approve	□ Deny	□ N/A
Comments:			
Reviewer's Signature:			_Date:
FIRE DISTRICT:	☐ Approve	□ Deny	□ N/A
Comments:			
Reviewer's Signature:			_Date:
PARKS DEPARTMENT:	☐ Approve	□ Deny	□ N/A
Comments:			
Reviewer's Signature:			_Date:
DEPARTMENT OF FISH AND WILDLIFE:	☐ Approve	□ Deny	□ N/A
Comments:			
Reviewer's Signature:			_Date:
DEPARTMENT OF FORESTRY:	☐ Approve	□ Deny	□ N/A
Comments:			
Reviewer's Signature:			_Date:
PLANNING Approved By:	Date:		Expiration Date: