



City of Whitefish
Planning & Building Department
 PO Box 158
 418 E 2nd Street
 Whitefish, MT 59937
 Phone: 406-863-2410 Fax: 406-863-2409

File #: _____
 Date: _____
 Intake Staff: _____
 Check # _____
 Amount _____
 Date Complete: _____

TEMPORARY USE PERMIT

FEE ATTACHED \$ _____

INSTRUCTIONS:

(see current fee schedule)

- Submit the application fee, completed application and appropriate attachments to the Whitefish Planning & Building Department prior to starting the temporary use.

A. LEGAL DESCRIPTION OF PROPERTY:

Street Address _____

Assessor's Tract No.(s) _____ Lot No(s) _____

Block # _____ Subdivision Name _____

Section _____ Township _____ Range _____

I hereby certify that the information contained or accompanied in this application is true and correct to the best of my knowledge. The signing of this application signifies approval for the Whitefish staff to be present on the property for routine monitoring and inspection during the approval and development process.

 Owner's Signature¹

 Date

 Print Name

 Applicant's Signature

 Date

 Print Name

APPLICATION CONTENTS:

Attached ALL ITEMS MUST BE INCLUDED - INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED

- _____ Temporary Use Permit Application with Applicable Fee
- _____ Letter from property owner giving permission to set up on the property for the length of time indicated, as well as proof that restroom facilities can be provided nearby for employees
- _____ Site Plan showing:
 - Location of sales facility with setbacks
 - Customer queuing
 - Parking locations, layout and traffic circulation

¹ May be signed by the applicant or representative, authorization letter from owner must be attached. If there are multiple owners, a letter authorizing one owner to be the authorized representative for all must be included

- _____ Sign Plan showing:
 - Number of signs and dimensions (a separate temporary sign permit is not required)
- _____ Copy of the city business license application, if conducting business within the city limits
- _____ Fire Marshal approval for firework stand

B. PROJECT INFORMATION:

Project Address: _____

Zoning District: _____

Length of Time Requested: 1-7 days 30 days 6 months Renewal

Type of Use:

- FIREWORK STAND
- NURSERY/PRODUCE STANDS
- CHRISTMAS TREE SALES
- OTHER: _____

C. OWNER(S) OF RECORD:

Name: _____ Phone: _____

Mailing Address: _____

City, State, Zip: _____

Email: _____

APPLICANT/VENDOR (if different than above):

Name: _____ Phone: _____

Mailing Address: _____

City, State, Zip: _____

Email: _____

NONPROFIT: YES/NO

<p>----- For City Staff Use Only -----</p>	<p><u>Inspection:</u> (date & initial)</p>
<p><input type="checkbox"/> Permit valid from: _____ to _____</p>	<p><input type="checkbox"/> Planning _____</p> <p><input type="checkbox"/> Public Works _____</p> <p><input type="checkbox"/> Building _____</p>
<p><u>CONDITIONS OF APPROVAL:</u></p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	
<p>Approved by: _____ Date: _____</p>	