



File No. 247-_____

Community Development Department

Planning Division Building Safety Division Environmental Soils Division

P.O. Box 6005 117 NW Lafayette Avenue Bend, Oregon 97708-6005

Phone: (541) 388-6575 Fax: (541) 385-1764

<http://www.deschutes.org/cd>

TEMPORARY USE APPLICATION PRIOR TO FINAL APPROVAL OF A LAND USE APPLICATION

FEE: \$ _____

Applicant's Name (print): _____ Phone: (____) _____

Mailing Address: _____ City/State/Zip: _____

Property Owner's Name (if different)*: _____ Phone: (____) _____

Mailing Address: _____ City/State/Zip: _____

Associated Land Use Permit Application Number: _____

Property Description: Township _____ Range _____ Section _____ Tax Lot _____

Lot of Record? (state reason): _____

Proposed Use: _____

Reason (continue on reverse if necessary, or attach separate sheet): _____

"Good Cause" includes only hardship or emergency situations arising due to factors that, through the exercise of ordinary diligence, the Applicant could not have foreseen.

As the Applicant, I agree to accept each and every risk of loss and damage that may result if the land use permit is denied, and further agree to hold Deschutes County, its officers, agents and employees, harmless from any loss and/or damage.

As the Applicant, I agree to restore the site to its original condition if the application for a land use permit is denied.

(over) **➔**

To the best of my knowledge, the proposal complies with all previous conditions of approval and all other applicable local, state, and federal laws. By signing this application, I acknowledge that Deschutes County planning staff may make a site visit(s) to the address(es) listed on this application in order to evaluate the property(ies) with the Deschutes County Code criteria applicable to the land use request(s) submitted. Please describe any special circumstances regarding a potential site visit:

Applicant's Signature: _____ Date: _____

Property Owner's Signature (if different)*: _____ Date: _____

Agent's Name (if applicable): _____ Phone: (____) _____

Mailing Address: _____ City/State/Zip: _____

Agent's Email Address: _____

***If this application is not signed by the property owner, a letter authorizing signature by the applicant must be attached. By signing this application, the applicant understands and agrees that Deschutes County may require a deposit for hearings officers' fees prior to the application being deemed complete. If the application is heard by a hearings officer, the applicant will be responsible for the actual costs of the hearings officer.**