



# TEMPORARY USE APPLICATION

PFMC 18.20.120

**Public Services Department – Planning Division**  
 408 N. Spokane St. Post Falls, ID 83854  
 208.773.8708 Fax: 208.773.2505

**STAFF USE ONLY**

Date Submitted: \_\_\_\_\_ Received by: \_\_\_\_\_ Fee paid: \_\_\_\_\_ Permit # \_\_\_\_\_ Project# \_\_\_\_\_

## PART 1 – REQUIRED MATERIAL

\*\*THE APPLICATION WILL NOT BE ACCEPTED IF THE REQUIRED MATERIALS ARE NOT PROVIDED\*\*

### TEMPORARY USE PERMIT REVIEW PROCESS AND CRITERIA

A temporary use may be approved, approved with modifications or denied by the administrator. In consideration of the request, the administrator shall consider the following:

1. That the permit for the proposed temporary use would be consistent with the general intent of the zoning ordinance and comprehensive plan and would be permitted within the zoning district wherein located.
2. Granting the permit would not be detrimental to the surrounding neighborhood or to the community in general, would not create a traffic hazard and would not harm the functioning of community facilities or services.

A notice of the administrative review will be provided to abutting property owners, who will have seven days from the date of the mailing to respond with written comments for consideration.

Written notice of the decision will be provided to the applicant. A decision may be appealed to the Planning and Zoning Commission in accordance with City procedures.

- Completed application form**
- Application fee** (*Per most recently adopted fee resolution*)
- Site Plan** – *to include buildings, property lines, parking, access, restrooms, etc.*
- Conceptual Plan of proposal**- *no larger than 11x17 as applicable*
- Authorization Letter** – *if applicant is other than property owner/contract buyer*
- List of the abutting property owners' name and addresses**

## PART 2 – APPLICATION INFORMATION

<b>PROPERTY OWNER:</b>		
<b>SIGNATURE:</b>		<b>DATE:</b>
<b>MAILING ADDRESS:</b>		<b>EMAIL:</b>
<b>CITY:</b>	<b>STATE:</b>	<b>ZIP:</b>
<b>PHONE:</b>	<b>FAX:</b>	<b>EMAIL:</b>



<b>APPLICANT NAME:</b>					
<b>APPLICANT STATUS:</b>	Owner:	Agent:	Engineer:	Planner:	Other:
<b>MAILING ADDRESS:</b>					
<b>CITY:</b>			<b>STATE:</b>		<b>ZIP:</b>
<b>PHONE:</b>		<b>FAX:</b>		<b>EMAIL:</b>	
<b>SIGNATURE:</b>				<b>DATE:</b>	

**PART 2 - Site Information:**

<b>GENERAL LOCATION OR ADDRESS IF AVAILABLE:</b>		
<b>LEGAL DESCRIPTION:</b>		
<b>DESCRIPTION OF PROJECT:</b>		
<b>EXISTING ZONING:</b>	<b>ADJACENT ZONING:</b>	<b>CURRENT LAND USE:</b>
<b>ADJACENT LAND USES:</b>	<b>PROPOSED START DATE:</b>	<b>PROPOSED END DATE:</b>

**PART 3 – OFFICE USE**

The temporary use permit may be allowed subject to conditions required by the administrator so long as the administrator determines that granting the temporary use permit will not harm the public interest if the required conditions are complied with.

APPROVED     
  APPROVED W/CONDITIONS     
  DENIED

Comments/Conditions:

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DATE: \_\_\_\_\_

\_\_\_\_\_   
 ADMINISTRATOR