

CITY OF SEQUIM
TEMPORARY ACTIVITY & STRUCTURE APPLICATION / PERMIT
(Per SMC Chapter 18.68 attached)

For Department Use Only:	
Application Complete: _____	Application Number: _____
Application Fee of \$125.00 non-refundable _____	Date: _____
Receipt Number: _____	Clerk-Treasurer: _____

**Note: Submit this request at least (2) two weeks prior to
anticipated date of use to allow for adequate time to review your application.**

DATE: _____ **LOCATION OF PROPERTY:**
Street Address: _____
Parcel Number: _____
Public Right of Way: _____

Name of Applicant: _____
Address: _____
Telephone Number: _____

Name of Property Owner: _____
Address: _____
Telephone Number: _____

Description of Use:
Business: _____ Registered non-Profit: _____
Type of Activity: _____ (attach full description)
Days of operation: _____ Hours of operation: _____
Beginning Date: _____ Ending Date: _____

Use will involve:
Structure(s): _____ Vehicles: _____
Electricity: _____ Chemicals: _____
Animals: _____ Mechanical equipment: _____
Display of Merchandise: _____ Direct Sales: _____
Service: _____ Entertainment: _____

How are Rest Room facilities provided?
(if owned by others provide written permission for use during all hours of operation)

How will trash be removed?

How will parking and traffic be accommodated?

Type of Structures or vehicles

Additional Information

ATTACHMENTS:

1. A scaled (Engineer's scale) and dimensioned site plan showing property lines, adjacent streets and alleys, existing buildings, parking, driveways and sidewalks, and other public and private improvements as well as the location and arrangement of the proposed temporary use.
2. Copy of City Business License or Business License Application.
3. Evidence of status as registered non-profit with State of Washington.
4. Application for Encroachment Permit for Use of Public Right of Way.
5. Evidence of liability insurance, to City required amount, naming City as co-insured for activities using public right of way or property.

I have fully disclosed and provided to the best of my knowledge all pertinent information and attest the information and statements made on the application is true to the best of my knowledge.

Signature of Applicant _____

I hereby give my permission for the applicant to use my property for the proposed use and acknowledge that as the property owner I am the responsible party for compliance with state and local laws relative to the use of the property. (If signed by other than property owner provide evidence of authorization to act as representative on this matter).

Signature of Property Owner: _____ **Date:** _____

FOR CITY USE ONLY

The above use and/or structure is approved from (dates) _____ to _____ contingent upon compliance with all applicable local, state and federal laws and regulations including specifically Title 18, Zoning of the Sequim Municipal Code and with the attached conditions of approval if any.

Dennis K. Lefevre, AICP

Planning Director: _____ **Date:** _____

Special Conditions: Yes: _____ No: _____

