



City of Whitefish  
 Planning & Building Department  
 PO Box 158 | 418 E 2<sup>nd</sup> Street  
 Whitefish, MT 59937  
 Phone: 406-863-2410

File #: \_\_\_\_\_  
 Date: \_\_\_\_\_  
 Intake Staff: \_\_\_\_\_  
 Check # \_\_\_\_\_  
 Amount \_\_\_\_\_  
 Acct #: 1000 101000 341061  
 Date Complete: \_\_\_\_\_

**TEMPORARY USE PERMIT**

**FEE ATTACHED \$** \_\_\_\_\_

(see current fee schedule)

**INSTRUCTIONS:**

- 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 Signature<sup>1</sup>

\_\_\_\_\_  
 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

<sup>1</sup> 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

\_\_\_\_ Site Plan showing:  
• Location of sales facility with setbacks  
• Customer queuing  
• Parking locations, layout and traffic circulation

\_\_\_\_ 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

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