



Temporary Dwelling Renewal Request

File No. _____

To renew your Temporary Dwelling Permit, you must completely fill out and return this form to the Planning Division with the \$100.00 renewal fee and current verification from a medical professional stating the reason for the care and confirming the name(s) of the person(s) provide care.

Land Owner(s) names: _____

Land Owner's Mailing Address: _____

Phone # _____ Email Address: _____

Names of person(s) needing continuous care and/or assistance: _____

Names of all adults living in the main home: _____

Contact number or email for at least one resident of main home: _____

Names of all adults living in the temporary dwelling: _____

Contact # or email for resident of temporary dwelling: _____

Type of temporary dwelling (include make, model & year): _____

Address of temporary dwelling (if different from main home): _____

Total number of buildings being lived in, even temporarily, on the property: _____

If the location or type of the temporary dwelling has changed or will change, please describe those change(s):
(This includes, but is not limited to, changes in the type of dwelling or any person moving into or out of the temporary dwelling.)

STATEMENT OF UNDERSTANDING

I certify under penalty of perjury that the above is true and correct.

I understand the Planning Division must be made aware of any changes that may affect my permit within 30 days of the change occurring. I understand that failure to follow the requirements and rules of BCC 11.42.110 may subject me to Code Enforcement action. If the permit is revoked, terminated or expires without an approved renewal and I continue to use the temporary dwelling I understand I may be subject to a \$500 per day civil penalty.

Signature of person(s) receiving care: _____ Date: _____
_____ Date: _____

Signature of person(s) providing care: _____ Date: _____
_____ Date: _____