



## TEMPORARY DWELLING CHECKLIST

Applicant    Staff

- |                          |                          |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <b>Completed Temporary Dwelling Application</b> – must include signatures of all parties with ownership interest. Incomplete applications will not be accepted.  |
| <input type="checkbox"/> | <input type="checkbox"/> | <b>Site Plan Map</b> – A detailed map drawn to scale showing: boundary lines and dimensions of the property; location and size of all existing and proposed structures; driveway and access easements that serve the property; adjacent roads; wells; septic systems; easements; and parking areas. <i>No site plans larger than 11" x 17" and only maps drawn in <b>black ink</b> will be accepted.</i> |
| <input type="checkbox"/> | <input type="checkbox"/> | <b>\$200.00 Temporary Dwelling Permit Fee</b> – The fee must be paid at the time of application submittal, cash or checks accepted. Checks made payable to the <b>Benton County Treasurer</b> . All application fees are non-refundable.   |
| <input type="checkbox"/> | <input type="checkbox"/> | <b>Doctor's Letter</b> ( <i>If applicable</i> ) – Verifying a medical need for continuous care.  |
| <input type="checkbox"/> | <input type="checkbox"/> | <b>Written Approval</b> – Documentation of approval of proposed method of water supply and sewage disposal by the appropriate governmental agency.   |
| <input type="checkbox"/> | <input type="checkbox"/> | <b>Benton-Franklin Health District</b> - Written approval to hook into existing septic system or permit for new septic system 7102 W. Okanogan Place, Kennewick, WA 99336 Phone: 460-4205  |

Applications may be submitted between the hours of 8am-12pm and 1pm-5pm Monday through Friday to the Planning Division at 102206 E Wiser Parkway, Kennewick, WA 99338.

Please contact the following departments/agencies to ensure your proposal will be in compliance with their regulations:

- **Benton County Road Department**  
620 Market Street, Prosser, WA 99350  
*Prosser: 786-5611 • Tri-Cities: 735-3084*
- **Benton County Building Division/ Fire Marshal**  
102206 E Wiser Parkway, Kennewick, WA 99338  
Phone: 735-3500



## TEMPORARY DWELLING PERMIT APPLICATION

Application No. \_\_\_\_\_

### APPLICANT INFORMATION

Please check the box indicating primary contact person for this application

**Applicant/Agent:** \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ ZIP: \_\_\_\_\_ Phone: \_\_\_\_\_ Work: \_\_\_\_\_

Email Address: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Property Owner(s)** (if different): \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ ZIP: \_\_\_\_\_ Phone: \_\_\_\_\_ Work: \_\_\_\_\_

Email Address: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*\*If there are additional owners please copy this section, sign, and attach to the application*

***If the property is owned by a corporation, trust, partnership or LLC please complete the entity signature block below showing that the person signing has the authority to sign on behalf of the company.***

### ENTITY SIGNATURE BLOCK

*If the applicant or legal owner of the property is a corporation, partnership, trust or LLC use the following signature block.*

**Applicant/Legal Owner:** \_\_\_\_\_

Officer name: \_\_\_\_\_

Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

THE ABOVE SIGNED OFFICER OF \_\_\_\_\_ (name of entity)

WARRANTS AND REPRESENTS THAT ALL NECESSARY LEGAL AND CORPORATE ACTIONS HAVE BEEN DULY UNDERTAKEN TO PERMIT \_\_\_\_\_ (name of applicant) TO SUBMIT THIS APPLICATION AND THAT THE

ABOVE SIGNED OFFICER HAS BEEN DULY AUTHORIZED AND INSTRUCTED TO EXECUTE THIS APPLICATION.

PARCEL INFORMATION

1. **Subject property address:** \_\_\_\_\_  
**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_
2. **Parcel number:** \_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_
3. **A temporary dwelling permit is being requested for:**
  - An owner in the process of building a permanent dwelling or placing a manufactured home on the parcel. Provide the Building Permit/FAS Permit number or date the application was submitted to the Building Division.  
*Building permit number/Date submitted:* \_\_\_\_\_
  - A caretaker living on the parcel while the owner is on vacation or is working out of the area.  
*Only a self-contained recreational vehicle (RV) may be used as a temporary dwelling under this category.*
  - A caretaker, hired hand or other employee working in connection with an agricultural use on the premises.
  - An individual to receive or administer continuous care and assistance necessitated by advanced age, illness, or infirmity. **Attach documentation from a doctor verifying a need for continuous care.**  
*Name of individual needing assistance:* \_\_\_\_\_  
*Relationship to applicant:* \_\_\_\_\_  
**Further explanation for selection above:** \_\_\_\_\_
4. **Distance Temporary Dwelling will be from County or Private Road:** \_\_\_\_\_
5. **Name of person(s) living in the temporary dwelling?** \_\_\_\_\_
6. **Will the temporary dwelling be a:**  Recreational Vehicle (RV)  Manufactured Home
7. **What is the model/year of the proposed RV/manufactured home?** \_\_\_\_\_
8. **Size and dimensions of the temporary dwelling:** \_\_\_\_\_
9. **Are there any other temporary dwellings currently located on the parcel?**  Yes  No
10. **Is there an accessory dwelling unit (ADU) currently permitted on the parcel?**  Yes  No
11. **How many residences are currently on the property?** \_\_\_\_\_
12. **Is rent being charged for the location/occupancy of the temporary dwelling?**  Yes  No
13. **Have the following approvals/permits been obtained?**
  - a) Benton-Franklin Health District:  Yes  No  N/A
  - b) Municipality (water/sewer):  Yes  No  N/A
14. **Will the temporary dwelling be placed in one of the following zoning districts?**  Yes  No
  - Community Center Residential  Urban Growth Area Residential  Rural Lands 1*If yes, please answer the following regarding the characteristics of the manufactured home:*
  - a) The manufactured home is new and has not been previously titled or occupied;  Yes  No
  - b) It has at least two fully enclosed parallel sections each not less than 12 x 36 ft;  Yes  No
  - c) Is constructed with a composition, wood shake, shingle, coated metal or similar roof;  Yes  No
  - d) Has exterior siding similar in appearance to materials used on conventional site-built homes;  Yes  No
  - e) Has a permanent foundation and the bottom of the home is to be enclosed by concrete or an approved concrete product;  Yes  No
  - f) The manufactured home is thermally equivalent to the state energy code.  Yes  No

**IF FURTHER EXPLANATION IS NEEDED FOR ANY OF THE ABOVE QUESTIONS, PLEASE ATTACH ADDITIONAL PAGES.**

**(FOR STAFF USE ONLY)**

Access: Y N

Application Complete: Y N

Critical Areas: N Y: \_\_\_\_\_

Zoning: \_\_\_\_\_

Reviewed by: \_\_\_\_\_

Date: \_\_\_\_\_