



## Temporary Dwelling Renewal Request

File No. \_\_\_\_\_

In order 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) providing 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: \_\_\_\_\_