

TEMPORARY USE PERMIT APPLICATION



City of Newcastle
13020 Newcastle Way
Newcastle, Washington 98059-3030

Phone (425) 649-4444
Fax (425) 649-4363
<http://www.ci.newcastle.wa.us>

This Temporary Use Permit is for activities that are self-contained on *private property and do not impact public right-of-way*. Use of public property and City services requires separate approval from the City and possibly a Business License. Contact the Permit Coordinator at 425-649-4444.

Property Address _____

Applicant _____

Contact Person _____ Phone (____) _____

E-Mail Address _____ FAX # (____) _____

Address _____

City, State, Zip _____

Description of Use (Include site plan showing entire parcel with access and parking) _____

Dates of Operation _____ Hours of Operation _____

I certify that I am the owner or owners authorized agent. If acting as an authorized agent, I further certify that I am authorized to act as the Owners agent regarding the property at the above-referenced address for the purpose of filing applications for decisions, permits, or review under the Newcastle Municipal Code and other applicable Newcastle City Codes and I have full power and authority to perform on behalf of the Owner all acts required to enable the City to process and review such applications.

I hereby certify that the above information is true and correct and that the applicable requirements of the City of Newcastle will be met.

Signature _____ Date _____
(Owner or Owners Agent)

Department	Date	Comments/Conditions	Initials
PLANNING			
BUILDING/FIRE			
PUBLIC WORKS			
OTHER			

Application Date:	Permit #
Issue Date:	Expiration Date:
Permit Fee:	Deposit:

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ABATEMENT AGREEMENT

I, _____, being the Applicant/Owner for the

Temporary Use Permit at the location of: _____

I hereby authorize the City of Newcastle to summarily eliminate the Temporary Use and all evidence of that use if it has not been removed as required by the terms of the permit. I also agree to reimburse the City for any expenses incurred in abating this Temporary Use under the authority of Title 4 of the Newcastle Municipal Code.

I certify under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

By signing below, the Applicant represents that the Applicant has read the Abatement Procedures set forth above, and agrees to the Procedures.

APPLICANT

Signed: _____

Name (Print): _____

Its: _____

Address:

Telephone number:
