



**City of Whitefish**  
 Planning & Building Dept  
 418 E 2<sup>nd</sup> St | PO Box 158  
 Whitefish, MT 59937  
 Phone: (406) 863-2410  
 Fax: (406) 863-2409

File #: \_\_\_\_\_  
 Date: \_\_\_\_\_  
 Intake Staff: \_\_\_\_\_  
 Check #: \_\_\_\_\_  
 Amount: \_\_\_\_\_  
 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\*\*

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Print Name

\_\_\_\_\_  
 Applicant's Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Print Name

\*\*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.

**B. 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
- Site Plan showing:
  - Location of sales facility with setbacks
  - Customer queuing
  - Parking locations, layout and traffic circulation
  - 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

**C. PROJECT INFORMATION:**

Project Address: \_\_\_\_\_

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

Length of Time Requested:  1-7 days  30 days  6 months  Renewal

Type of Use:  FIREWORKS STAND  NURSERY/PRODUCE STAND

CHRISTMAS TREE SALES  OTHER: \_\_\_\_\_

**C. OWNER/APPLICANT INFORMATION:**

**OWNER(S) OF RECORD:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

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

**APPLICANT (if different than above):**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

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

NON-PROFIT:  YES  NO

----- For City Staff Use Only -----

Permit valid from: \_\_\_\_\_ to \_\_\_\_\_

Inspection: (date & initial)

- Planning \_\_\_\_\_
- Public Works \_\_\_\_\_
- Building \_\_\_\_\_

**CONDITIONS OF APPROVAL:**

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Approved by: \_\_\_\_\_ Date: \_\_\_\_\_