



PLEASE NOTE: INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED

City of Redmond
411 SW 9th Street
Redmond, Oregon 97756
541-923-7721
FAX 541-548-0706

To be filled out by City
Date Received: _____
Rec'd By: _____

Placement of Temporary Residence

*A temporary residence may be placed on a site **in conjunction with the issuance of a building permit** for a period of six months following the date of issuance. The City may attach conditions deemed necessary to minimize the impact of the placements on the adjacent properties. The City may also grant an additional six months for the permit if the applicant can establish the extension is necessary.*

File No. of Temporary Placement Request & Building Permit of Permanent House: _____

PROPERTY OWNER AND APPLICANT INFORMATION

Applicant Name _____ Phone ____/____/____ Fax ____/____/____
Address _____ City _____ State _____ Zip Code _____
Email _____

Property Owner _____ Phone ____/____/____ Fax ____/____/____
Address _____ City _____ State _____ Zip Code _____
Email _____

PROPERTY DESCRIPTION

Property Location (address, cross street, general area) _____

Tax lot number: T15S, R13E, Section _____ Tax Lot(s) _____

Zoning _____ Total Land Area _____ (Square Ft./Acres)

SUBMITTAL REQUIREMENTS

- Attach a statement fully identifying the need and timeline for construction and removal of temporary residence.
- Provide a title report verifying ownership. Please include property legal description.
- Submit 4 copies of Site Plan and visuals/photos of the temporary residence.
- Completed application.
- Additional information *may* be required depending on the request.

Owner/Applicant: _____ Date: _____
Signature

Note: If you are an authorized Agent, please attach a letter of authorization signed by the Property Owner allowing you to act in their behalf during this process.