



**ISLAND COUNTY
PLANNING & COMMUNITY DEVELOPMENT**

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<https://www.islandcountywa.gov/Planning/Pages/Home.aspx>

**TEMPORARY USE APPLICATION
Temporary Residence for Relatives with a Physical or Mental Infirmary**

GREYED SECTION FOR COUNTY USE ONLY - Type I Decision Process				
Application Number	Date Received	Fee Paid	Receipt	Associated BP Number
_____	_____	_____	_____	_____

Applicability. Use this form if you plan to install a mobile or manufactured home on your parcel for temporary occupancy by a relative with a physical or mental infirmity OR by a person who will be caring for an infirm relative on the site. **This application must be submitted with the Building Permit/Mobile Home Permit application.** Please note that your parcel must be zoned Rural or Rural Residential.

Procedure. Type or neatly print all application information. Take your time to provide complete answers and all the information requested. Make sure to show the temporary residence on your Building Permit Plot Plan. Submit this application together with the complete Mobile/Manufactured Home Permit application, the plot plan, the application fee, and any necessary documentation outlined in this application. **Submit the complete application package in person to Island County Planning and Community Development.**

Contact Person Name _____

(The agent or consultant for the application who will be the only party that will receive correspondence, and inquiries.)

Street _____ City, State, Zip _____

Phone (____) _____ E-Mail Address _____

Applicant/Owners Name _____

Street _____ City, State, Zip _____

Phone (____) _____ E-Mail Address _____

Project Address (Or Closest Intersection) _____

Assessor Parcel Number(s): _____

Section _____ Township _____ Range _____ 1/4 Section _____

Legal Description of Parcel _____

Location: North Whidbey Central Whidbey South Whidbey Camano Island

Zoning _____ Size of Parcel (sq.ft. or acres) _____

Name of person who will live in the Temporary Residence? _____

Is this the: Infirm person or the Care giver. **This certificate is for this person.**

Name of Infirm Relative _____

Family relationship to the occupants of the primary dwelling unit _____

Name of medical doctor caring for the infirm relative _____

Attach a letter from a medical doctor, licensed by the State of Washington, that states that the infirm person is not capable of maintaining a separate residence and that the infirmity is due to a physical or mental impairment.

Type of Structure (Note: Recreational Vehicles may not be used for this purpose.)

Mobile Home Manufactured Home

Year _____ Dimensions _____ Model _____

Current Address of Mobile/Manufactured Home _____

Parcel Number of Current Location _____

Describe the proposed source of water supply to the Temporary Residence, including the name of the provider if to be served by a public system _____

Describe the proposed method of sewage disposal the Temporary Residence, including the name of the district with jurisdiction, if to be served by sanitary sewer: _____

On the Associated Building Permit/Mobile Home Plot Plan, show the location, dimensions, setbacks from property lines, and access for the temporary residence. (Plot Plan must be drawn to a scale of not less than 1 inch = 20 feet and not greater than 1 inch = 100 feet.)

