ISLAND COUNTY
PLANNING & COMMUNITY DEVELOPMENT

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TEMPORARY USE APPLICATION
Event of Public Interest or Seasonal Farmer's Markets

GREYED SECTION FOR COUNTY USE ONLY - Type I Decision Process

Application Number	Date Received	Fee Paid	Receipt
_____	_____	_____	_____

Applicability. If you are planning to hold an **Event of Public Interest** or a **Seasonal Farmer's Market** in any county zone except Rural Service (RS) and Light Manufacturing (LM), use this form to request county review **before you finalize your plans**. Events of Public Interest include outdoor concerts, auctions, model hobby events, motor boat races, carnivals and circuses. This application **does not apply** to proposed entertainment, amusement or assembly of persons if the primary purpose will be the presentation of outdoor, live or recorded musical entertainment that may attract 100 or more persons. They shall be processed under Chapter 5.08 ICC through the Island County Sheriff's Department.

Procedure. Please use this form to ensure you provide all the information required for Island County to review your proposal. Type or neatly print all application information and provide the signatures in blue ink. ***Please take your time to provide complete answers and all the information requested***. If you believe any portion is not applicable, explain why in the blank. Illegible and/or incomplete applications will not be accepted. Collate this application together with the plot plan, the application fee, and necessary documentation outlined in this application, and submit the complete application package to Island County Planning and Community Development. **The application packages must include an ORIGINAL AND (3) THREE COPIES to be submitted in person to Planning & Community Development.**

Name of the Event _____

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 Name _____
Street _____ **City, State, Zip** _____
Phone (____) _____ **E-Mail Address** _____

Parcel Owner Names _____
(If other than the applicant)
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)** _____

I hereby certify that I am the owner (or authorized applicant) named above and that I have familiarized myself with the rules, regulations, and procedures with respect to preparing and filing this application. All statements, answers and information provided as part of this submittal are in all respects complete, true and accurate to the best of my knowledge and belief. I agree to abide by the conditions of approval established by Island County and listed on the reverse side of this sheet. I also understand that if I provide incomplete and/or incorrect information, this will cause a delay in the review process.

Owners' Signatures (All owners must sign*)	Date	Agent's Signature (If other than owner)	Date
_____		_____	

If there is not enough space for all property owners' signatures, a separate written, notarized letter of consent signed by all owners may be attached to this application.

Name of Event _____

Provide a complete description and list of all activities included in the proposed event _____

_____

_____

_____

Dates the event will take place _____ Hours of operation _____

Number of people expected to participate and attend the event _____

Attach a general plot plan drawn to a scale of not less than 1 inch = 20 feet and not greater than 1 inch = 100 feet. The plan needs to show the location of parcel boundaries, existing and proposed buildings and their uses, access points to site, internal driveways, parking lots, circulation (both vehicle and pedestrian), sanitation facilities, location of water supplies, and location and identification of proposed activities.

Applicant: Provide the information requested below	**For County Use Only**
Source of potable water _____ _____ Type of sanitation facilities _____ _____ _____ Number of Toilets _____	**For Environmental Health Department Use** • Meets Health Requirements: Yes ___ No ___ • Number of portable toilets required _____ Conditions of Approval: Approved By: _____ Date: _____
Number of vehicular access points _____ _____ Locations of vehicular access points _____ _____ _____ _____ _____	**For Sheriff's Department Use** • Traffic Control Attendants Required: Yes ___ No ___, if yes how many? _____ • Parking Lot Control Attendants Required: Yes ___ No ___, if yes, How many? _____ Conditions of Approval: Approved By: _____ Date: _____
Number of On-Site Parking Spaces _____ Driveway to Parking Area Provided: Yes ___ No ___ Describe method to be used to control dust in the parking lot _____ _____ _____ Name of the person or group who is responsible for the clearing of all debris and temporary structures after the closing of the event? _____ _____	**For Engineering Division Use** • Driveway is Adequate: Yes ___ No ___ • Cash Bond required to insure repair of road damage: Yes ___ No ___ • Cash Bond required to insure debris is cleared: Yes ___ No ___ Conditions of Approval: Approved By: _____ Date: _____

With adherence to required conditions, the proposed Temporary Event as described by the applicant is consistent with the standards in ICC 17.03.180.V and will not disrupt the character of the surrounding uses. The _____ is approved for the dates of _____ with the hours of operation confined to _____. **It is the responsibility of the applicant**:

- To arrange and provide all water and sanitation as approved by Island County Environmental Health;
- To arrange for and provide all necessary traffic and parking control attendants as prescribed by the Island County Sheriff's Department;
- To provide for the control of dust in the parking lot, ensure any damage to public roads is immediately repaired, and clear all debris and temporary structures within thirty days after the end of the event as required by Island County Engineering; and
- To follow the approved plan and meet all additional conditions listed above by county departments.

Approved By: _____ **Date**: _____

Island County Planning & Community Development