



**WASHINGTON COUNTY**

Dept. of Land Use & Transportation  
Planning and Development Services  
Current Planning  
155 N. 1<sup>st</sup> Avenue, #350-13  
Hillsboro, OR 97124  
Ph. (503) 846-8761 Fax (503) 846-2908  
http://www.co.washington.or.us

**Type I Temp. Festival Application**

CASEFILE NO: \_\_\_\_\_

**APPLICANT:** \_\_\_\_\_

COMPANY: \_\_\_\_\_

CONTACT: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

**OWNER(S):** (attach additional sheets if needed)

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

**LOCATION:** \_\_\_\_\_

**SITE SIZE:** \_\_\_\_\_

CPO: \_\_\_\_\_ COMMUNITY PLAN: \_\_\_\_\_

EXISTING LAND USE DISTRICTS: \_\_\_\_\_

ASSESSOR MAP: \_\_\_\_\_ TAX LOT NUMBER(S): \_\_\_\_\_

SITE ADDRESS: \_\_\_\_\_

I, \_\_\_\_\_, am applying for a Type I Temporary Use Festival Permit for \_\_\_\_\_ which will occur beginning \_\_\_\_\_ and ending \_\_\_\_\_. The contact person for this event will be \_\_\_\_\_ who may be reached at \_\_\_\_\_.

Attach a copy of the following items:

- 1. **Liability Insurance** for the event naming **Washington County** as an additional insured for not less than the full amount allowable under Oregon Tort Claims Act (ORS 30.270)
- 2. Temporary **OLCC liquor permit** (if applicable)
- 3. Letter notifying local **Emergency Medical Agencies** of the event
- 4. **Tax map** of subject property

Pay Fees: Please refer to the current copy of the Current Planning fee schedule and remit required payment when submitting the application. Checks payable to: *Washington County*.

1. **Temporary Use:** \_\_\_\_\_

Approval from the following Washington County Departments/Divisions:

- \_\_\_\_\_ **Law Enforcement Center**, (215 SW Adams, Hillsboro)
- \_\_\_\_\_ **Environmental Health** (155 N First Ave, Ste 160, Hillsboro) for food service & sanitation facilities
- \_\_\_\_\_ **Operations** (1400 Walnut Street, Hillsboro) for traffic management
- \_\_\_\_\_ **Current Planning** (155 N First Avenue, Suite 350, Hillsboro) for use

**We, the undersigned, hereby authorize the filing of this application and certify that the information contained in this application is complete and correct to the best of our knowledge. This also authorizes the designated Applicant's Representative (if applicable) to act on behalf of the Applicant for the processing of this request.**

X \_\_\_\_\_  
 OWNER  CONTRACT PURCHASER      DATE

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

X \_\_\_\_\_  
APPLICANT      DATE

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

X \_\_\_\_\_  
 OWNER  CONTRACT PURCHASER      DATE

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

X \_\_\_\_\_  
APPLICANT      DATE

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

*PLEASE NOTE: \*This application must be signed by ALL the owners or ALL the Contract Purchasers of the subject property. \*If this application is signed by the Contract Purchaser(s), the Contract Purchaser is also certifying that the Contract Vender has been notified. \*No approval will be effective until the appeal period has expired.*