

## COUNTY OF LAKE

#### COMMUNITY DEVELOPMENT DEPARTMENT

Courthouse - 255 N. Forbes Street · Lakeport, California 95453 · FAX (707) 263-2225 Building & Safety Division (707) 263-2382 · Planning Division (707) 263-2221

# **VALLEY FIRE:** TEMPORARY DWELLING/ACCESSORY STRUCTURE PERMIT **APPLICATION**

\_\_CITY:\_

Assessor's Parcel #\_\_\_\_\_-\_\_\_\_

Application #

PRESENT USE OF LAND: \_\_\_\_\_

## **PROJECT LOCATION:**

SITE ADDRESS: **CROSS STREET:** TYPE OF STRUCTURE REQUESTED:

OCCUPANT INFORMATION	CONTRACTOR INFORMATION			
NAME:				
ADDRESS:	CONTACT: LICENSE #:			
CITY: STATE:	ADDRESS:			
ZIP: PHONE: ()	CITY: STATE:			
E-MAIL:	ZIP: PHONE: ()			
PROPERTY OWNER INFORMATION (IF NOT APPLICANT)	AGENT INFORMATION			
NAME:	NAME:			
ADDRESS:	ADDRESS:			
CITY: STATE:	CITY: STATE:			
ZIP: PHONE: ()	ZIP: PHONE: ()			
E-MAIL:	E-MAIL:			

## Being the owner of the project location, I hereby authorized this application. APPLICANT'S SIGNATURE:

This Temporary Dwelling Permit shall be subject to the following terms and conditions:														
1.	The	applicant	agrees	to			applicable	0,	,					department

- clearances prior to occupancy of the temporary Manufactured Home or Recreational Vehicle. 2. The applicant agrees that this approval is for temporary housing/accessory structure until such time that their home is reconstructed, and that the authorization for use as temporary housing/accessory structure shall expire on October 1, 2018, or upon recession the Governor's Executive Order B-25-15, or upon completion of reconstruction of their home (whichever occurs first). All temporary structures must be permitted or removed prior to issuance of Certificate of Occupancy.
- The Community Development Director may revoke the permit in the future if the Director finds that such permit was 3. obtained by fraud; that one or more of the terms or conditions upon which such permit was granted has been violated; or that the use for which the permit was granted is so conducted as to be detrimental to the public health, safety, or general welfare or as to be a nuisance.

## ACCEPTANCE

I have read and understand the terms and conditions of this temporary dwelling permit and agree to each and every term and condition thereof.

APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

# PROPERTY OWNER'S SIGNATURE: \_\_

The Community Development Director has determined that the temporary dwelling permit requested does ( ), does not ( ), meet the minimum health and safety standards implemented by FEMA, California HCD and the County of Lake, and hereby issues ( ), denies ( ), said permit.

Ву:\_\_\_\_\_

Date:	

Title:

Comments:

\_DATE: \_

DATE:

and agency

## **\*\*2013 CALGREEN RESIDENTIAL MANDATORY MEASURES**

FOR DEPARTMENT USE ONLY

AGENCY APPROVALS			DATE FAXED	TO SPECIAL DIST
1. SEWER DIST.:	Faxed App:	Initials:		
WATER DIST.:	Faxed App:	Initials:		
2. ENVIRONMENTAL HEALTH Verified WELL PERMIT:	DIV : DATE: INITI		EH Approval	prior to Occupancy
3. PLANNING DIVISION: Plan SID	ner: SETBACKS: E 1: SIDE 2:			_ REAR:
4. CALFIRE: SRA - All Zone /	LRA – VHFSZ / OTHER – LRA			
5. BUILDING DIVISION: INTIA	LS: Verifica	tion of Type of Unit:		ther:*
*NOTE: If not MH or Qu	alified RV – Construction Pl	ans and Permit are	Required.	

ZONING PERMIT SITE PLAN

In the space provided above, please provide a site plan for the proposed zoning permit use.	Site plans should be drawn
approximately to scale and should include the following items, when applicable:	

- A. A north arrow
- B. Approximate lot dimensions and lot lines
- C. Location of residence to be re-built on the property
- D. Location of proposed FEMA MH or Recreational Vehicle
- E. Location of driveway and parking areas
- F. Adjacent public and private streets
- G. The type and location of existing on-site waste disposal and water services.