

# WALLOWA COUNTY PLANNING DEPARTMENT

## Wallowa County Courthouse

101 S. River St., Room B-1  
Enterprise, OR 97828  
541-426-4543 x 170 plansec@co.wallowa.or.us

Permit TUP# \_\_\_\_\_  
Date Filed \_\_\_\_\_  
Total Fee \_\_\_\_\_  
Check Number \_\_\_\_\_

### TEMPORARY USE PERMIT

LEGAL OWNER: \_\_\_\_\_ REF #: \_\_\_\_\_  
APPLICANT: \_\_\_\_\_ TWP: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ RANGE: \_\_\_\_\_  
CITY: \_\_\_\_\_ SECTION: \_\_\_\_\_  
PHONE NUMBER: \_\_\_\_\_ TAX LOT#: \_\_\_\_\_  
ACREAGE: \_\_\_\_\_  
ZONE: \_\_\_\_\_

Intended development or use: \_\_\_\_\_

**NOTICE:** AUTHORIZATION OF A TEMPORARY USE PERMIT SHALL BE VOID AT THE DATE OF EXPIRATION.  
I hereby certify that all of the above information furnished by me is correct to the best of my knowledge and issuance of this permit is based on this information. Any error committed by the issuing authority shall not excuse me from complying with any other applicable state and local laws and ordinances. I understand that any deviation other than that allowed by law may nullify and validity of this permit.

\_\_\_\_\_  
APPLICANT DATE

### SALMON PLAN:

This Application **WILL/WILL NOT** Be Considered By The **SALMON PLAN TECHNICAL COMMITTEE** and ARTICLE 36 OF **THE WALLOWA COUNTY ORDINANCES**.

**DECISION:** \_\_\_\_\_

### ACTION TAKEN:

Planning Department Action \_\_\_ Planning Commission Action \_\_\_ Approved \_\_\_ Denied \_\_\_

Conditionally Approved \_\_\_\_\_ Conditions of Approval: \_\_\_\_\_

\_\_\_\_\_  
DATE OF ACTION DATE OF EXPIRATION

Permit Authorization: \_\_\_\_\_  
Wallowa County Planning Department