



**WALLOWA COUNTY**  
**Planning Department**  
**101 S River Street #105**  
**Enterprise, Oregon 97828**  
**541-426-4543 ext. 1170**

PERMIT#:	_____
E-PERMIT#:	_____
DATE FILED:	_____
TOTAL FEE:	_____
CHECK NUMBER:	_____

**TEMPORARY USE PERMIT APPLICATION**

LEGAL OWNER: \_\_\_\_\_ REFERENCE#: \_\_\_\_\_

APPLICANT: \_\_\_\_\_ TWP: \_\_\_\_\_

PROJECT ADDRESS: \_\_\_\_\_ RANGE: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_ SECTION: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ TAX LOT#: \_\_\_\_\_

E-MAIL: \_\_\_\_\_ ACRES: \_\_\_\_\_

ZONE: \_\_\_\_\_

PROJECT DESCRIPTION: \_\_\_\_\_

NOTICE: AUTHORIZATION OF A TEMPORARY PERMIT SHALL BE VOID AT THE DATE OF EXPIRATION.  
 THIS APPLICATION **WILL/WILL NOT** BE CONSIDERED BY THE SALMON PLAN TECHNICAL COMMITTEE AND ARTICLE 36 OF THE WALLOWA COUNTY ORDINANCES.

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

**ACTION TAKEN**

Planning Department Action \_\_\_\_\_ Planning Commission Action \_\_\_\_\_  
 Approved \_\_\_ Denied \_\_\_ Conditionally Approved \_\_\_ Conditions of Approval: \_\_\_\_\_

\_\_\_\_\_  
 DATE OF ACTION DATE OF EXPIRATION  
 Permit Authorization: