



**TOWN OF LA CONNER
APPLICATION FOR CONDITIONAL USE
TEMPORARY STRUCTURES
ADMINISTRATIVE - CLASS II**

Date of Application: _____

File # _____

Site Address: _____

Tax Parcel Number _____

APPLICANT:

NAME _____

MAILING ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

PHONE _____ EMAIL _____

PROPERTY OWNER:

NAME _____

MAILING ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

PHONE _____ EMAIL _____

Please provide a brief description of the Conditional Use desired:

§15.10.043 Administrative Conditional Use

“Administrative conditional use” means a use addressing a limited or specific need but, due to a potential adverse effect upon permitted uses or public services and facilities, is only allowed subject to review by the planning director of the use standards of the district, and the certain criteria in this code. [Ord. 901 § 1, 2003.]

§15.110.040 LCMC Conditional Permit Required

- (1) Temporary structures shall require an administrative conditional use permit which permit shall be limited to a set period to be established by the planning director, not to exceed 180 days. The structure shall be removed at the end of the permit period. If not removed within 10 days thereafter, the permittee shall have forfeited any rights to the structure, and the town of La Conner shall have the right to remove the structure.
- (2) An administrative conditional permit holder may request an extension of a temporary structure use before the planning commission. Extensions shall not exceed 180 days.
- (3) The use of any temporary structure approved through the conditional use permit process shall remain subject to the restrictions and requirements of the zone in which it is located, parking and loading requirements and other applicable regulations.
- (4) When approved in accordance with this section, the placement or erection of a temporary structure shall require a building permit from Skagit County Planning and Permit Center.

Applicant Signature _____

Date _____

Property Owner Signature _____

Date _____

OFFICE USE ONLY	
Fee Paid: _____	Date: _____
Approved _____ Planning Director	