



City of Cascade Locks

PO Box 308 140 SW WaNaPa

Cascade Locks, OR 97014

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TTY 711

TEMPORARY PERMIT APPLICATION
FOR
OUTSIDE COMMERCIAL ACTIVITY (ORD NO. 464)

PERMIT NO. _____

DATE: _____

APPLICANT: _____

(Please Print)

ADDRESS: _____

PHONE: _____ EMAIL: _____

DATE OF TEMPORARY ACTIVITY: _____

DESCRIPTION OF TEMPORARY OUTSIDE ACTIVITY: _____

ADDRESS OF OUTSIDE ACTIVITY: _____

ZONING: _____ SETBACKS: F _____, R _____, INT SIDE _____, EXT SIDE _____

PROPERTY OWNER SIGNATURE _____

PLEASE INCLUDE SITE PLAN

_____ Office Use Only _____

Date application received: _____

Fee: \$300 (good for 360 days)

Temporary Permit issued: _____