

City of Bayfield

Temporary Shelter Application/Permit

Application Fee: \$50.00

Name of Applicant: _____

Mailing Address: _____

Phone Number: _____ E-mail: _____

Property Address: _____

1. Describe the proposed temporary structure: _____

2. Describe the proposed use: _____

3. Date(s) Requested: (beginning and end date): _____

4. Attach detailed site map.

Signature of Applicant: _____

If renter, signature of owner: _____

Reviewed by the _____ on the _____ day of _____, _____.

Approved: _____ Date: _____ Paid: \$50.00

Denied: _____ Date: _____ Receipt#: _____