CARIBOU COUNTY BUILDING DEPARTMENT
TEMPORARY STRUCTURE PERMIT APPLICATION

APPLICATION NO_____

Name_____

Address_____City_____State_____

Phone_____Cell_____Other_____

Structure type_____

Purpose_____

Description of project_____

Location where structure will be located_____

_____

Duration_____
Permit valid for maximum of 180 days

☐ Address assigned_____

☐ For resale_____

☐ Electricity_____

☐ Plumbing_____

I hereby agree that the above information is correct to the best of my knowledge. I further agree that upon expiration of a temporary permit the structure will be removed from the property or arrangements made with this department to reinstate the validity of this permit.

Signed **X**_____Date_____

___Contacts needed

___Fee$_____

___Reinstatement

___Permit
appoved____denied____conditional_____