



CITY OF Cloverdale
Community Development Department
 124 N. Cloverdale Boulevard
 Cloverdale, CA 95425
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 Visit us at www.cloverdale.com

Application: Temporary Land Use Certificate – Urgency Ordinance 719-2017

Site	Site Address	APN
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Temporary Dwelling Unit (TDU)	TDU ID	Length
	TDU Type	<input type="checkbox"/> Travel Trailer <input type="checkbox"/> Motorhome <input type="checkbox"/> Camper Van <input type="checkbox"/> Tiny House <input type="checkbox"/> Other _____

Applicant	Name:	
	Mailing Address	
	Phone:	
	Email Address	

Property Owner	Name:	
	Mailing Address	
	Phone:	
	Email Address	

Applicant's Acknowledgement:

As an applicant for a temporary land use certificate to allow for a travel trailer, motor home, camper van, or tiny house to be located on the property at _____ I certify the following:
site address

Initial below as appropriate

- ___ If the TDU is parked on residential property, the owner of the property resides on the premises.
- ___ The TDU will be parked outside on a paved or hardscaped, private driveway and will not encroach onto the public sidewalk.
- ___ The TDU will be parked a minimum of 20 feet from a habitable building on an adjacent parcel.
- ___ The TDU will be connected to a 30 amp electrical supply and will not utilize adapters, household extension cords or a generator.
- ___ The TDU is 1997 model year or newer.
- ___ I have the written consent of the property owner (attached) to access the primary residence for restroom and shower activities; or
- ___ The TDU is connected to City sewer and water. Submit a plan showing how the utilities will be connected.
- ___ The TDU contains a working fire extinguisher, smoke detector, and carbon monoxide detector.
- ___ I agree to remove the TDU from the site by October 9, 2019.

Applicant's Signature _____ **Date** _____

Print name: _____

Owner's Statement: I declare under penalty of perjury that I am the property owner for the address listed above and I certify the accuracy of the information provided above.

Property Owner's Signature: _____ **Date:** _____

Printed name _____

Office Use Only Below This Line

Date Issued		Staff		TLU#	
Zoning		Site Verification			