

# CITY OF MADRAS COMMUNITY DEVELOPMENT DEPARTMENT

## COLD WEATHER SHELTER APPLICATION

To be accompanied by a Site Plan Map and any other Applicable documents.

OFFICE USE ONLY

FILE # \_\_\_\_\_

FEE \$ \_\_\_\_\_

ZONING DISTRICT: \_\_\_\_\_

RECEIPT # \_\_\_\_\_

DATE RECEIVED: \_\_\_\_\_

**APPLICANT**

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

**PROPERTY OWNER** (if different from Applicant):

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

***To the best of my knowledge, all statements and information contained in this application and attached exhibits are true and correct. I authorize City staff, the Building Official, & Fire Marshal to enter the property for inspection of the site in conjunction with this Cold Weather Shelter application. By submitting and signing this application I agree to comply with all requirements of the City of Madras' Cold Weather Shelter License, should it be granted.***

**Proposed Shelter Information**

Site Address: \_\_\_\_\_ Map & Tax Lot: \_\_\_\_\_

Existing Zoning: \_\_\_\_\_ Number of Beds Requested for Approval: \_\_\_\_\_

Please provide the following information about the proposed shelter:

Does the Shelter building have:

Smoke Alarms:      Yes      No

Fire Alarms:      Yes      No

Fire Sprinkler System:      Yes      No

Food Service:

Is there a kitchen:      Yes      No

Has the kitchen been inspected by County Health Dept.      Yes      No

Will food/meals be served at the shelter:      Yes      No

Will food be prepared from raw ingredients:      Yes      No

Will prepackaged food be served:      Yes      No

**Shelter Review Authorities Inspection Notes, Conditions of Occupancy, and Review Status**

Jefferson County Building Official

Inspection Date: \_\_\_\_\_

Conditions of Occupancy:

Final Inspection Date:

Final Inspection Results (circle one):    Conditions Met    Conditions Not Met

Jefferson County Fire Marshal

Inspection Date: \_\_\_\_\_

Conditions of Occupancy:

Final Inspection Date:

Final Inspection Results (circle one):    Conditions Met    Conditions Not Met

Jefferson County Environmental Health Dept. Specialist

Inspection Date: \_\_\_\_\_

Conditions of Occupancy:

Final Inspection Date:

Final Inspection Results (circle one):    Conditions Met    Conditions Not Met



THE CITY OF  
**MADRAS**

125 SW "E" Street  
Madras, OR 97741  
541-475-2344  
www.ci.madras.or.us

**City of Madras  
Cold Weather Shelter License**

Cold Weather Shelter:

Site Address: \_\_\_\_\_ Map & Tax Lot: \_\_\_\_\_

Number of Beds Requested for Approval: \_\_\_\_\_ Approval Date: \_\_\_\_\_

License Valid From: \_\_\_\_\_ To: \_\_\_\_\_

Community Development Director: \_\_\_\_\_  
*Signature* *Date*

City Administrator: \_\_\_\_\_  
*Signature* *Date*