



LAND USE APPLICATION FORM

<u>Type I (OCMC 17.50.030.A)</u>	<u>Type II (OCMC 17.50.030.B)</u>	<u>Type III / IV (OCMC 17.50.030.C)</u>
<input type="checkbox"/> Compatibility Review	<input type="checkbox"/> Extension	<input type="checkbox"/> Annexation
<input type="checkbox"/> Lot Line Adjustment	<input type="checkbox"/> Detailed Development Review	<input type="checkbox"/> Code Interpretation / Similar Use
<input type="checkbox"/> Non-Conforming Use Review	<input type="checkbox"/> Geotechnical Hazards	<input type="checkbox"/> Concept Development Plan
<input type="checkbox"/> Natural Resource (NROD) Verification	<input type="checkbox"/> Minor Partition (<4 lots)	<input type="checkbox"/> Conditional Use
<input type="checkbox"/> Site Plan and Design Review	<input type="checkbox"/> Minor Site Plan & Design Review	<input type="checkbox"/> Comprehensive Plan Amendment (Text/Map)
	<input type="checkbox"/> Non-Conforming Use Review	<input type="checkbox"/> Detailed Development Plan
	<input type="checkbox"/> Site Plan and Design Review	<input type="checkbox"/> Historic Review
	<input type="checkbox"/> Subdivision (4+ lots)	<input type="checkbox"/> Municipal Code Amendment
	<input type="checkbox"/> Minor Variance	<input type="checkbox"/> Variance
	<input type="checkbox"/> Natural Resource (NROD) Review	<input type="checkbox"/> Zone Change

File Number(s): _____

Proposed Land Use or Activity: _____

Project Name: _____ Number of Lots Proposed (If Applicable): _____

Physical Address of Site: _____

Clackamas County Map and Tax Lot Number(s): _____

Applicant(s):

Applicant(s) Signature: _____

Applicant(s) Name Printed: _____ Date: _____

Mailing Address: _____

Phone: _____ Fax: _____ Email: _____

Property Owner(s):

Property Owner(s) Signature: _____

Property Owner(s) Name Printed: _____ Date: _____

Mailing Address: _____

Phone: _____ Fax: _____ Email: _____

Representative(s):

Representative(s) Signature: _____

Representative (s) Name Printed: _____ Date: _____

Mailing Address: _____

Phone: _____ Fax: _____ Email: _____

All signatures represented must have the full legal capacity and hereby authorize the filing of this application and certify that the information and exhibits herewith are correct and indicate the parties willingness to comply with all code requirements.