



LAND USE APPLICATION FORM

Type I (OCMC 17.50.030.A)	Type II (OCMC 17.50.030.B)	Type III / IV (OCMC 17.50.030.C)
<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 checked="" type="checkbox"/> Natural Resource (NROD) Review	<input type="checkbox"/> Zone Change

File Number(s): GEO 19-00002 Geologic Hazards Review

Proposed Land Use or Activity: Parking lot circulation with paved truck turn-around access road and layout shall remain the same.

Project Name: Forest Edge Apartments Number of Lots Proposed (If Applicable): 1

Physical Address of Site: 14155 Beaver Creek Road, Oregon City, OR 97045

Clackamas County Map and Tax Lot Number(s): 3-2E-04C-00807

Applicant(s):

Applicant(s) Signature:

Applicant(s) Name Printed: BRIAN LEE Date: 11/12/19

Mailing Address: 4500 Kruse Way #250, Lake Oswego, OR 97035

Phone: 503.597.3222 Fax: _____ Email: BRIANL@PACEENGRS.COM

Property Owner(s):

Property Owner(s) Signature:

Property Owner(s) Name Printed: BJL Holdings LLC Date: 11-12-19

Mailing Address: 14155 Beaver Creek Road, Oregon City, OR 97045

Phone: 949.278.5670 Fax: _____ Email: JAMISONLUTHER@GMAIL.COM

Representative(s):

Representative(s) Signature:

Representative (s) Name Printed: Mr. Brian Lee, PE Date: 11/12/19

Mailing Address: 4500 Kruse Way, Suite 250, Lake Oswego, OR 97035

Phone: 503.597.3222 Fax: _____ Email: BRIANL@PACEENGRS.COM

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.