

CITY OF JOSEPH ZONING PERMIT APPROVAL

Department of Planning
201 S. Main St. Joseph Or, 97846
Telephone number 541.432.3832
Fax number 541.432.3833

Application # _____
Date Submitted: _____
Received by: _____
FEE AMOUNT \$75.00

APPLICATION FOR: _____

Applicant _____ Telephone number _____

Address _____ City _____ State _____ Zip _____

Map _____ Tax Lot _____

Zone _____ Council Approval Date _____

Flood Zone: Yes No Historical Zone: Yes No Existing Structures: Yes No

Setbacks North: _____ South: _____ East: _____ West: _____

Do you need to make arrangements for water and sewer service: Yes No

C. STATEMENT OF UNDERSTANDING

I understand that I have the burden of proving my request meets all applicable ordinance requirements, and that I must address all of the criteria that apply. I am responsible for knowing where my property lines are and for all setbacks to those property lines. I am responsible for the current zoning and for the uses performed in the zone. The city can only assist with what is expressed by the owner. As owner of the proper you are held responsible for the activity and uses performed on your property.

(Please initial after reading: _____)

D. I HEREBY APPLY FOR THE ABOVE REQUEST. I certify that I am the property owner, or an authorized representative for the property owner.

Applicant signature: _____ Date: _____

City of Joseph *Preliminary Approval*: _____ Date: _____

***Approved to obtain a county building permit-return to the City of Joseph with your building permit for final approval BEFORE any work can be completed.**

City of Joseph Final Approval:

Signature: _____ Date: _____

***A copy of the County building permit & plat map is required before final approval**

**This permit expires one year from final approval.*

**All accrued costs associated with this process are the sole responsibility of the applicant.*