

CITY OF JOSEPH PLANNING APPLICATION

Department of Planning
201 N. Main St, Joseph, OR 97846
Phone 541.432-3832
Fax 541.432-3832

Fee amount: _____
Application # _____
Date Submitted: _____
Received by: _____
Date Complete: _____

APPLICATION TYPE (Check one)

| | | | |
|-------------------|-----------------|--------------------------|------------------------|
| Conditional Use | Minor Partition | Street / Alley Vacations | Zone Text Amendment |
| Flood Zone Permit | Plan Amendment | Variance | Site Plan Review |
| Property Line ADJ | Zone Change | Major Partition | Historic Design Review |
| Other _____ | | | FEE AMOUNT: \$ _____ |

Applicant _____ Phone _____

Address _____ City _____ State _____ Zip _____

Property Owner _____ Phone _____

Address _____ City _____ State _____ Zip _____

A. DEVELOPMENT REQUEST

- Proposed Land Use (be specific) _____
- Does the property deed prohibit the use proposed in this application? Yes No

B. PROPERTY INFORMATION

- Site Address _____
- Map _____
- Tax lot(s) _____
or Lot Size _____
- Size (acres) _____
- Has Property Been Surveyed? Yes No
- Urban Growth Boundary Inside Outside
- Zone _____
- Overlay Zones Flood Hazard Historic District
- Existing Structures Yes No
- Existing Easements Yes No
- Current land use (residence, etc.) _____
- Major topographic features (stream, ditches, slope, etc.) _____

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. The criteria for approving or denying my request have been furnished to me as part of this application. I understand that supplemental materials, as determined by the City of Joseph may be required to process my application. I further understand that planning staff is entitled to request additional information or documentation within 30 days after submission of this application if it is determined such information is needed for a complete application. (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.

APPLICANTS SIGNATURE

Signature

Date

*This application expires one year from the date of approval.

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