



Community Development Department  
Planning Division

117 NW Lafayette Avenue, Bend, OR 97701-1925  
(541) 388-6575 - Fax (541) 385-1764  
<http://www.deschutes.org/cdd>

**LOT OF RECORD VERIFICATION APPLICATION**

FEE: \_\_\_\_\_

Applicant's Name (print): \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

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

Property Owner's Name (if different)\*: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

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

Property Description: Township \_\_\_\_\_ Range \_\_\_\_\_ Section \_\_\_\_\_ Tax Lot \_\_\_\_\_

Property Zone(s): \_\_\_\_\_ Property Size (acres or sq. ft.) \_\_\_\_\_

**You must include the following with this application:**

1. A completed application form with appropriate signatures. If color exhibits are submitted, black and white copies with captions or shading delineating the color areas shall also be provided.
2. A copy of the tax lot card for the lot or parcel (available from the County Assessor's Office).
3. A copy of the earliest deed or contract that describes the property in its current configuration (available from the County Clerk's Office).
4. The correct application fee.

**Incomplete applications will not be accepted.**

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Property Owner's Signature (if different)\*: \_\_\_\_\_ Date: \_\_\_\_\_

Agent's Name (if applicable): \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

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

**\*If this application is not signed by the property owner, a letter authorizing signature by the applicant must be attached. By signing this application, the applicant understands and agrees that Deschutes County may require a deposit for hearings officers' fees prior to the application being deemed complete; and if the application is heard by a hearings officer, the applicant will be responsible for the actual costs of the hearings officer.**