File No. 247-	
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## **Community Development Department**

Planning Division Building Safety Division Environmental Soils Division

P.O. Box 6005 117 NW Lafayette Avenue Bend, Oregon 97708-6005 Phone: (541) 388-6575 Fax: (541) 385-1764 http://www.deschutes.org/cd

## LAND USE APPLICATION

## INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED

- 1. Complete the application form and provide appropriate original signatures. To ensure timely processing of your application, all materials must be submitted on single-sided, 8.5" x 11" paper. Do not use binders, tabs/dividers, staples or tape.
- 2. This application shall include one full-sized plan set (to scale) and one plan set reduced to no larger than 11" x 17". Include a plot plan that shows all property lines and existing and proposed structures, parking, landscaping, lighting, etc.
- 3. Include a copy of the current deed showing the property owners.
- 4. Attach correct fee.
- 5. All applicable standards and criteria must be addressed in writing prior to acceptance of the application. Detailed descriptions, maps and other relevant information must be attached to the application.

TYPE OF APPLICATION (check one):			FEE:	
Adn	ninistrative Determination (AD) Conditional Use (CU) Declaratory Ruling (DR)	Subdivi	tion (MP) sion (TP) Use (TU)	Site Plan (SP) Variance (V) Setback Exception (SE) Other
Appli	cant's Name (print):			Phone: ()
Maili	ng Address:			City/State/Zip:
Appli	cant's Email Address:			
Prop	erty Owner/s Name (if different)*:			Phone: ()
Mailing Address:				City/State/Zip:
1.	Request:			
2.	Property Description: Township			
3.	Property Zone(s):	Property Size (acres or sq. ft.):		
4.	Lot of Record? (State reason):			
5.	Property Address:			

6.	Present Use of Property:				
7.	Existing Structures:				
8.	Property will be served by: Sewer	Onsite Disposal Syst	tem		
9.	Domestic Water Source:				
local make Desc	ne best of my knowledge, the proposal complies , state, and federal laws. By signing this applicate a site visit(s) to the address(es) listed on the chutes County Code criteria applicable to the mstances regarding a potential site visit:	ation, I acknowledge that Deschutes Coun his application in order to evaluate the p	ty planning staff may property(ies) with the		
Appli	cant's Signature:	[	Date:		
Prop	erty Owner's Signature (if different)*:		Date:		
Agen	nt's Name (if applicable):	Phone: (	)		
Maili	ng Address: City/State/Zip:				
Ager	nt's Email Address:				

\*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. If the application is heard by a hearings officer, the applicant will be responsible for the actual costs of the hearings officer.