



File No. 247-_____

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>

LIMITED USE PERMIT EXTENSION 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. Include a copy of the current deed showing the property owners.
3. Attach correct fee.
4. A Burden of Proof Statement addressing how the Limited Use Permit conditions have been and will continue to be met.

TYPE OF APPLICATION BEING EXTENDED (check one): Type 1 _____ Type 2 _____ Type 3 _____

FEE: \$ _____

Applicant's Name (print): _____ Phone: (____) _____

Mailing Address: _____ City/State/Zip: _____

Applicant's Email Address: _____

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.): _____

Property Address: _____

Applicant's Signature: _____ Date: _____

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

Agent's Name (if applicable): _____ Phone: (____) _____

Mailing Address: _____ City/State/Zip: _____

Agent's Email Address: _____

(over)

To the best of my knowledge, the proposal complies with all previous conditions of approval and all other applicable local, state, and federal laws. By signing this application, I acknowledge that Deschutes County planning staff may make a site visit(s) to the address(es) listed on this application in order to evaluate the property(ies) with the Deschutes County Code criteria applicable to the land use request(s) submitted. Please describe any special circumstances regarding a potential site visit:

Applicant's Signature: _____ Date: _____

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

Agent's Name (if applicable): _____ Phone: (____) _____

Mailing Address: _____ City/State/Zip: _____

Agent'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.**