



LAND USE APPLICATION

OFFICIAL USE ONLY
DATE RECEIVED: _____
PLANNING FILE #: _____
APPLICATION COMPLETE: _____

APPLICATION CHECKLIST

The following materials must be submitted with your application, or it will not be accepted at the counter.

- | | |
|---|--|
| <input type="checkbox"/> Complete signed Land Use Application | <input type="checkbox"/> Fee |
| <input type="checkbox"/> Survey (if applicable) | <input type="checkbox"/> Supplemental forms and findings |
| <input type="checkbox"/> One set of to-scale plans (paper or digital) | <input type="checkbox"/> Consolidation request form (if applicable) |
| <input type="checkbox"/> Evidence of ownership and/or written statement authorizing representation | |

TYPE OF APPLICATION (check all that apply):

TYPE I	TYPE II	TYPE III	TYPE IV
<input type="checkbox"/> Zoning Compliance <input type="checkbox"/> COA <input type="checkbox"/> Floodplain Development <input type="checkbox"/> Home Occupation <input type="checkbox"/> Final Plat <input type="checkbox"/> Property Line Adjustment <input type="checkbox"/> Sign	<input type="checkbox"/> Adjustment <input type="checkbox"/> COA <input type="checkbox"/> Preliminary Plat (Partition & Subdivision) <input type="checkbox"/> Plan Review <input type="checkbox"/> Geologic Assessment Review	<input type="checkbox"/> Conditional Use <input type="checkbox"/> PUD Preliminary Plat <input type="checkbox"/> Variance <input type="checkbox"/> Zoning Map Change	<input type="checkbox"/> Annexation <input type="checkbox"/> Comp Plan Amendment <input type="checkbox"/> Zoning Map Change

Description of proposal:

PROPERTY DESCRIPTION (attach more pages as necessary):

Coos County Assessor's Map Number	Tax Lot(s)	Size (acres or sq)	Zone

Physical Address(es): _____

APPLICANT/OWNER(S):

Applicant/Owner Name(s) (Printed): _____

Applicant/Owner Signature: _____ Date: _____

Mailing Address: _____

Phone: _____ Email: _____

APPLICANT'S REPRESENTATIVE(S):

Representative Name (Printed): _____

Representative Signature: _____ Date: _____

Mailing Address: _____

Phone: _____ Email: _____

All signatures represented must have the full legal capacity and hereby authorize the filing of this application. Signing this form indicates agreement with the Planning Department's policies and disclosures.