



3-308

Planning Fee Assessment Form

Address:	
Last Name:	

Check for new service

CITY OF BANDON PLANNING
P.O. BOX 67
555 HWY 101
BANDON, OR 97411
P:(541) 347-2437
F:(541)347-1415

APPLICATION TYPE	DEPOSIT OR BASE FEE	FEE ASSESSED
General		
<input type="checkbox"/> Records Request	Hourly Rate + Cost of materials	
<input type="checkbox"/> Research Request (greater than 5 minutes)	Hourly Rate + Cost of materials	
<input type="checkbox"/> Pre-Application Meeting	\$250	
<input type="checkbox"/> GIS Maps	\$25	
<input type="checkbox"/> Public Hearing Notices and Publication	Actual Cost	
<input type="checkbox"/> Third Party Review (Engineering, geotechnical or soils report, etc.)	Actual Cost	
<input type="checkbox"/> Permit Extension (Administrative Approval)	\$200	
<input type="checkbox"/> Permit Extension (Planning Commission Approval)	Actual Coast	
<input type="checkbox"/> Re-Submittal Review Fee	30% of original application fee	
<input type="checkbox"/> Re-inspection Fee	\$50	
<input type="checkbox"/> Missed Inspection Fee	\$250	
<input type="checkbox"/> After-the-fact Permit	\$500	
<input type="checkbox"/> Outside City Water Service Request	\$95	
<input type="checkbox"/> Vacation*	\$500	
<input type="checkbox"/> Street Opening*	\$500	
<input type="checkbox"/> LUCS/No Permit Needed Review	\$95	
<input type="checkbox"/> New or Change of Address	\$47	
<input type="checkbox"/> Code Interpretation	\$200	
TYPE I		
Residential Zoning Compliance Review		
<input type="checkbox"/> Temporary Structure + Other Type I Review	\$50	
<input type="checkbox"/> Minor Decision -Type I	\$200	
<input type="checkbox"/> Residential Structure Under 1500 square feet	\$500	
<input type="checkbox"/> Residential Structure 1501 - 2500 square feet	\$750	
<input type="checkbox"/> Residential Structure 2501 - 3499	\$1,250	
<input type="checkbox"/> Residential Structure 3500 square feet and up	\$2,500	
Commercial Zoning Compliance Review		
<input type="checkbox"/> Temporary Structure + Other Type I Review	\$75	
<input type="checkbox"/> Accessory Structure/Remodel Under 200 square feet	\$300	
<input type="checkbox"/> Accessory Structure/Remodel Over 200 square feet – or new connections	\$500	
<input type="checkbox"/> Commercial Structure Up to 3500 square feet	\$2,000	
<input type="checkbox"/> Commercial Structure 3501 – 10,000 square feet	\$2,500	
<input type="checkbox"/> Commercial Structure 10,001 or more	\$3,000	
<input type="checkbox"/> Home Occupation Permit	\$300	
<input type="checkbox"/> Mobile Food Unit Type I	\$125	
<input type="checkbox"/> Mobile Food Unit Type II	Actual Cost (\$500 Base Fee)	
<input type="checkbox"/> Sign Permit	\$100	
<input type="checkbox"/> Certificate of Appropriateness	\$100	
<input type="checkbox"/> Property Line Adjustment*	\$350 per adjustment	
<input type="checkbox"/> Final Plat Review	Actual Cost	

TYPE II		
Plan Review		
<input type="checkbox"/> Residential	Actual Cost (\$500 Base Fee)	
<input type="checkbox"/> Commercial	Actual Cost (\$1,000 Base Fee)	
<input type="checkbox"/> Subdivision Tentative Plan*	Actual Cost (\$1,600 and \$200/lot Base Fee)	
<input type="checkbox"/> Partition*	Actual Cost (\$1,000 and \$100/lot Base Fee)	
<input type="checkbox"/> Adjustment	Actual Cost (\$250 Base Fee)	
<input type="checkbox"/> Appeal of a Type II Decision	\$250	
TYPE III		
<input type="checkbox"/> Planned Unit Development (PUD)	Actual Cost (\$2,750 and \$200/unit Base Fee)	
<input type="checkbox"/> Variance	Actual Cost (\$500 Base Fee)	
<input type="checkbox"/> Conditional Use Permit*	Actual Cost (\$750 Base Fee)	
<input type="checkbox"/> RV/Manufactured Dwelling Park	Actual Cost (\$500 and \$100/unit Base Fee)	
<input type="checkbox"/> Appeals	Actual Cost + \$250 or half of original fee, up to \$1,000 Deposit	
TYPE IV		
<input type="checkbox"/> Annexation*	\$3,750	
<input type="checkbox"/> Zoning Code Amendment (text/map)*	\$3,000	
<input type="checkbox"/> Comprehensive Plan Amendment*	\$3,500	
<input type="checkbox"/> Combined Map/Plan Amendment*	\$3,700	

*** The 2023-2024 FY hourly rate is: \$ 125.00**

Planning Staff Contact: _____ Date Assessed: _____

Finance Staff Contact: _____ Date Paid: _____

Receipt Number: _____