

BAKER CITY-COUNTY PLANNING DEPARTMENT



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 Baker City, OR 97814
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File No.	_____
Received By:	_____
Date Submitted:	_____
County Planning:	101131-3404105
Fee Collected: \$	_____
Date Paid:	_____
Receipt By:	_____

GENERAL APPLICATION

PROPOSED USE: _____

<u>APPLICANT</u>			<u>PROPERTY OWNER</u>		
➤			➤		
Last Name	First	MI	Last Name	First	MI
➤			➤		
Mailing Address			Mailing Address		
➤			➤		
Physical Address			Physical Address		
➤			➤		
City	State	Zip	City	State	Zip
➤			➤		
Telephone			Telephone		
➤			➤		
Email			Email		

Property Information

Township _____ Range _____ Section _____ Tax Lot _____ Ref. _____

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Size of Tract (include all contiguous lots under the same ownership):

Zone:	Total Acres:
Rural Fire District:	Flood Zone Map:
Overlay Zone:	Wetlands Map:
Soils:	Urban Growth Boundary:
Legal Parcel:	Existing Development:

REQUESTED USE INFORMATION

Predominant Use:	Water Supply: Public Spring Creek Well
Sanitary Waste Disposal: Septic Tank/Drainfield Type	Land Use Compatibility Statement /Authorization Notice Approval Date:
Power Supplier:	Other Utilities:
Water Rights/Acres:	Site Plan Received/Approved:
Road Approach: State Hwy: County Road: Pvt. Easement:	Road Name:

APPLICANT'S SIGNATURE AND CONSENT AGREEMENT

Please read carefully and initial each line.

_____ I understand that this approval will not modify the maintenance of, or snow removal on, any County access road(s) to this parcel.

_____ I hereby certify that all work to be performed shall be in accordance with all governing laws and rules.

_____ I understand that the approval herein, if granted, represents only land use approval of my building permit and that a copy of this land use approval must be attached to the building permit form issued by the Building Department.

_____ I understand and agree that my land use approval may be revoked if I do not comply with the approved Site Plan and Conditions of Approval that may be contained herein.

_____ Planning approval is valid for a period of 1 / 2 / 4 year(s) from the date of approval. I understand that any work must be completed within this time period. I understand that I may apply for an *Extension of Time* if I am unable to complete the Conditions of Approval within the allotted time frame. I understand that an *Extension of Time* application must be submitted prior to the expiration of the final approval.

_____ I am the property owner and I am doing my own work.

_____ I am an authorized agent of the property owner.

Applicant Signature: _____ **Date:** _____

Property Owner(s) Signature: _____ **Date:** _____

Property Owner(s) Signature: _____ **Date:** _____

Lien Holder(s) Signature: _____

**** NOTE: All property owners must sign.
Authorized signatures must provide legal documentation at the time of submittal. *****

PLANNING DEPARTMENT REVIEW
FOR OFFICE USE ONLY

Permitted Use Conditional Use Lot of Record Plan Amendment Variance

Approved Denied PERMIT#: _____ DATE: _____

REASON FOR DENIAL: _____

PLANNING OFFICIAL SIGNATURE: _____ TITLE: _____ DATE: _____