



Land Use Application

For Staff Use Only	
Date received:	Staff initials:
Application type:	File number:
Zone:	Fee:
Violation #:	CPO/Hamlet:
Applicant Information:	

What is proposed? _____

Name of applicant: _____

Mailing address: _____

City _____ State _____ Zip _____

Applicant is (select one): Property owner Contract purchaser Agent of the property owner or contract purchaser

Name of contact person (if other than applicant): _____

Mailing address of contact person: _____

Applicant #s: Wk: Cell: Email: _____

Contact person #s: Wk: Cell: Email: _____

Other persons (if any) to be mailed notices regarding this application: _____

Name	Address	Zip	Relationship

Name	Address	Zip	Relationship

SITE ADDRESS: _____

TAX LOT #: T _____ R _____ Section _____ Tax Lot(s) _____

Adjacent properties under same ownership: Total land area: _____

T _____ R _____ Section _____ Tax lot(s) _____

T _____ R _____ Section _____ Tax lot(s) _____

T _____ R _____ Section _____ Tax lot(s) _____

I hereby certify that the statements contained herein, along with the evidence submitted, are in all respects true and correct to the best of my knowledge.

Property owner or contract purchaser's name (print)	Date	Owner or contract purchaser's signature
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Applicant's name (print)	Date	Applicant's signature
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CLACKAMAS COUNTY PLANNING AND ZONING DIVISION
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503-742-4500 | ZONINGINFO@CLACKAMAS.US
