



# City of Tigard

COMMUNITY DEVELOPMENT DEPARTMENT

## Master Land Use Application

Case #: \_\_\_\_\_

\_\_\_\_\_

### LAND USE APPLICATION TYPE

- Accessory Dwelling Unit
- Adjustment
- Annexation
- Comprehensive Plan Map Amendment
- Conditional Use
- Downtown Design Review:
  - Track 1  Track 2  Track 3
- Home Occupation – Type II
- Land Partition
- Lot Line Adjustment/Lot Consolidation
- Marijuana Facility Permit
- Miscellaneous: \_\_\_\_\_
  - Type II  Type III
- Modification:  Type I  Type II
- Planned Development:
  - Consolidated Plan
  - Concept Plan
  - Detailed Plan
- Sensitive Lands Review:
  - Type I  Type II  Type III
- Site Development Review:  Type I  Type II
- Subdivision
- Temporary Use Permit
- Urban Forestry Plan:
  - Modification  Discretionary Review
- Zoning Map Amendment

### PROJECT INFORMATION

Project name: \_\_\_\_\_

Brief description of project: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### SITE INFORMATION

Location (address if available): \_\_\_\_\_

Tax map and tax lot number(s): \_\_\_\_\_

Site size: \_\_\_\_\_ Zone: \_\_\_\_\_

### APPLICANT INFORMATION

Name: \_\_\_\_\_

Mailing address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Applicant's representative: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**PROPERTY OWNER INFORMATION**       Same as applicant

(Attach list for additional owners)

Name: \_\_\_\_\_

Mailing address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

I certify that I am the property owner or I am eligible to initiate this application, as provided in the Tigard Community Development Code. To the best of my knowledge, all the information provided within this application package is complete and accurate.

Applicant's signature*	Print name	Date
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Property owner's signature*	Print name	Date
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Property owner's signature*	Print name	Date
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\*The owner must sign this application or submit a separate written authorization when the owner and applicant are different people.

**STAFF USE ONLY**

Case No.: \_\_\_\_\_ Application fee: \_\_\_\_\_ Received by: \_\_\_\_\_ Date: \_\_\_\_\_

Related Case(s): \_\_\_\_\_ Determined complete by: \_\_\_\_\_ Date: \_\_\_\_\_