



# City of Tigard

COMMUNITY DEVELOPMENT DEPARTMENT

## Master Land Use Application

### LAND USE APPLICATION TYPE

- |   |  |
|---|--|
| <input type="checkbox"/> Adjustment/Variance (II)                       | <input type="checkbox"/> Planned Development (III)                   |
| <input type="checkbox"/> Comprehensive Plan Amendment (Legislative)     | <input type="checkbox"/> Sensitive Lands Review (II or III)          |
| <input type="checkbox"/> Conditional Use (III)                          | <input type="checkbox"/> Site Development Review (II)                |
| <input type="checkbox"/> Development Code Amendment (Legislative)       | <input type="checkbox"/> Subdivision (II)                            |
| <input type="checkbox"/> Discretionary Urban Forestry Plan Review (III) | <input type="checkbox"/> Transportation Mitigation (II)              |
| <input type="checkbox"/> Downtown Design Review (II, III)               | <input type="checkbox"/> Urban Forestry Plan Modification (I)        |
| <input type="checkbox"/> Historic Overlay (II or III)                   | <input type="checkbox"/> Zone Change (III or Legislative)            |
| <input type="checkbox"/> Home Occupation (II)                           | <input type="checkbox"/> Zone Change Annexation (III or Legislative) |
| <input type="checkbox"/> Land Partition (II)                            |  |

**NOTE:** For required submittal elements, please refer to your pre-application conference notes.

### PROPOSAL SUMMARY (Brief description)

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### PROPERTY INFORMATION (where proposed activity will occur)

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

Tax maps and tax lot #s: \_\_\_\_\_

Total site size: \_\_\_\_\_ Zoning classification: \_\_\_\_\_

### APPLICANT INFORMATION

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

Mailing address: \_\_\_\_\_

City/state: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone number: \_\_\_\_\_

Primary contact name: \_\_\_\_\_

Phone number: \_\_\_\_\_

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

### FOR STAFF USE ONLY

Case No.: \_\_\_\_\_

Related Case No.(s): \_\_\_\_\_

Application Fee: \_\_\_\_\_

Application accepted:

By: \_\_\_\_\_ Date: \_\_\_\_\_

Application determined complete:

By: \_\_\_\_\_ Date: \_\_\_\_\_

I:\Community Development\Land Use Applications\02\_Forms and Templates\Land Use Applications Rev. 12/14/2017

**PROPERTY OWNER/DEED HOLDER INFORMATION** (Attach list if more than one)

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

Mailing address: \_\_\_\_\_

City/state: \_\_\_\_\_ Zip: \_\_\_\_\_

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

\* When the owner and the applicant are different people, the applicant must be the purchaser of record or a lessee in possession with written authorization from the owner or an agent of the owner. The owners must sign this application in the space provided on the back of this form or submit a written authorization with this application.

**THE APPLICANT(S) SHALL CERTIFY THAT:**

- If the application is granted, the applicant shall exercise the rights granted in accordance with the terms and subject to all the conditions and limitations of the approval.
- All the above statements and the statements in the plot plan, attachments, and exhibits transmitted herewith, are true; and the applicants so acknowledge that any permit issued, based on this application, may be revoked if it is found that any such statements are false.
- The applicant has read the entire contents of the application, including the policies and criteria, and understands the requirements for approving or denying the application(s).

_____ Applicant's signature	_____ Print name	_____ Date
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_____ Applicant/Agent/Representative's signature	_____ Print name	_____ Date
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_____ Applicant/Agent/Representative's signature	_____ Print name	_____ Date
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**SIGNATURES of each owner of the subject property required**

_____ Owner's signature	_____ Print name	_____ Date
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_____ Owner's signature	_____ Print name	_____ Date
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_____ Owner's signature	_____ Print name	_____ Date
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_____ Owner's signature	_____ Print name	_____ Date
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**MASTER LAND USE APPLICATION**