



City of Tigard Adjustment – Type I Application

GENERAL INFORMATION

Property Address/Location(s): _____

Tax Map & Tax Lot #(s): _____

Site Size: _____

Applicant*: _____

Address: _____

City/State: _____ Zip: _____

Primary Contact: _____

Phone: _____ Fax: _____

Property Owner/Deed Holder(s)*: (Attach list if more than one)

Address: _____ Phone: _____

City/State: _____ Zip: _____

* 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 owner(s) must sign this application in the space provided on the back of this form or submit a written authorization with this application.

PROPOSAL SUMMARY

The owners of record of the subject property request permission for an **Administrative Adjustment** to the following provision(s) of the Community Development Code (**please circle one only**):

➤ Development Adjustment – Front Yard, Interior Setbacks and Lot Coverage

➤ Special Adjustments:

- ◆ Adjustments to a Subdivision
- ◆ Reduction of Minimum Residential Density
- ◆ Landscaping Adjustments – Existing/New Street Trees
- ◆ Parking Adjustments – Reduction in Stacking Lane Length
- ◆ Parking Adjustments – Reduction in Minimum Parking for Transit Improvements/Existing Dev.
- ◆ Setback Adjustments – Setbacks to Reduce Tree Removal

- ◆ Washington Square Reg. Center Density Adjustments
- ◆ Wireless Communication Facility Adjustments – Distance From Another Tower

FOR STAFF USE ONLY

Case No.: _____

Other Case No(s): _____

Receipt No.: _____

Application Accepted By: _____

Date: _____

Date Determined To Be Complete: _____

Comp Plan/Zone Designation: _____

Rev. 7/1/11
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REQUIRED SUBMITTAL ELEMENTS

- ✓ Application Elements Submitted:
 - Application Form
 - Owner's Signature/Written Authorization
 - Title Transfer Instrument or Deed
 - Site/Plot Plan (2 copies)
 - Site/Plot Plan (reduced 8½"x 11")
 - Applicant's Statement
(Addressing Criteria Under Section 18.370.020)
 - Filing Fee

Please state the reason for the Adjustment request: _____

APPLICANTS:

To consider an application complete, you will need to submit ALL of the **REQUIRED SUBMITTAL ELEMENTS** as described on the front of this application in the “Required Submittal Elements” box.

(Detailed Submittal Requirement Information sheets can be obtained, upon request, for all types of Land Use Applications.)

THE APPLICANT(S) SHALL CERTIFY THAT:

- ◆ **The above request does not violate any deed restrictions that may be attached to or imposed upon the subject property.**
- ◆ If the application is granted, the applicant will exercise the rights granted in accordance with the terms and subject to all the conditions and limitations of the approval.
- ◆ All of 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.

SIGNATURES of each owner of the subject property.

DATED this _____ day of _____, 20_____

Applicant/Authorized Agent Signature

Owner’s Signature

Owner’s Signature

Owner’s Signature