



City of Tigard

COMMUNITY DEVELOPMENT DEPARTMENT

Master Land Use Application

Case #: _____

LAND USE APPLICATION TYPE

- Accessory Dwelling Unit (ADU)
- 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: _____

SUBMITTAL REQUIREMENTS

In addition to this application form, you must submit all required items listed in **[Subsection 18.710.030.C](#)** of Tigard's Community Development Code. If you are unsure what is required with your application, please contact the planner on duty at 503-718-2421 or tigardplanneronduty@tigard-or.gov.

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.

_____	_____	_____
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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

*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: _____
