

JACKSON COUNTY, OREGON

TYPE 2 APPLICATION

(Please print in black ink, or type all information except where a signature is required)

OFFICIAL USE ONLY	
FILE NO.	_____
FEE PAID:	_____
RECEIPT NO.	_____
APPLICATION TYPE:	_____
APP. RECEIVED BY:	_____
DATE RECEIVED:	_____
ZONING:	_____

Legal description of subject property:

Township____ Range____ Section____ Tax Lot____ Acreage_____

Township____ Range____ Section____ Tax Lot____ Acreage_____

Street Address of the Property: _____

What is the Zoning of the Subject Property? _____

Is the purpose of this application to complete a Measure 49 Approval? YES NO

NOTE: Applications for review and approval of all development proposals may be initiated by the property owner, purchaser under a recorded land sale contract, condemner who has been granted immediate possession by a court of competent jurisdiction, agent duly authorized in writing, or a public agency.

PROPERTY OWNER:

AT TIME APPLICATION IS SUBMITTED

NAME: _____

MAILING ADDRESS: _____

CITY: _____

STATE: _____ ZIP: _____

DAYTIME PHONE: _____

EMAIL ADDRESS: _____

AGENT:

IF OTHER THAN APPLICANT

NAME: _____

MAILING ADDRESS: _____

CITY: _____

STATE: _____ ZIP: _____

DAYTIME PHONE: _____

EMAIL ADDRESS: _____

APPLICANT:

IF OTHER THAN PROPERTY OWNER

NAME: _____

MAILING ADDRESS: _____

CITY: _____

STATE: _____ ZIP: _____

DAYTIME PHONE: _____

EMAIL ADDRESS: _____

OTHER:

SPECIFY: _____

NAME: _____

MAILING ADDRESS: _____

CITY: _____

STATE: _____ ZIP: _____

DAYTIME PHONE: _____

EMAIL ADDRESS: _____

IF AN AGENT, APPLICANT, OR "OTHER" IS ACTING ON BEHALF OF THE OWNER OR PURCHASER, A SIGNED STATEMENT OF OWNER AUTHORIZATION MUST BE SUBMITTED WITH THIS APPLICATION. THIS APPLICATION MUST BE ACCOMPANIED BY AN ACCURATE PLOT PLAN (MAP). SEE USER'S GUIDE FOR ASSISTANCE. THE BURDEN OF PROOF FOR APPROVAL OF AN APPLICATION RESTS WITH THE APPLICANT. YOU MUST PROVIDE DOCUMENTATION REGARDING THE PROPERTY AND APPLICATION CRITERIA IN SUFFICIENT DETAIL AND ACCURACY TO ENABLE THE DEPARTMENT TO FIND THAT YOUR APPLICATION COMPLIES WITH ALL APPLICABLE APPROVAL CRITERIA.

On the following pages, describe how your application complies with the criteria identified as applicable below:

Public Utilities: Tax lot(s) _____ is served by:

- an on site septic system public sewer (RVSS) community sewer
- an on site well municipal water community water
- phone service electric service other utilities (e.g., gas)
- _____ Irrigation District serves the property.

Please list any easements for access or utilities that benefit or cross the property (attach copies of all applicable easements to your application) _____.

***PLEASE NOTE:** All easements must be identified on plot plans and land division plans submitted for zoning permit review.*

APPLICANT SUPPORTING INFORMATION

Describe your proposal: _____

Please describe the existing uses on adjacent properties (livestock, orchard, or residential, etc.):

North: _____

East: _____

South: _____

West: _____

.....

Type 2 Applications Within Resource Zones (EFU, FR, WR, OSR, AR) (LDO Section 4.2.3)

APPLIES

DOES NOT APPLY - GO TO "Additional Criteria"

- A) If the subject property is within a resource zone, explain why the proposal will not force a significant change in accepted farm or forest practices on surrounding lands devoted to farm or forest use;

Note: Additional information may be submitted on 8 ½ x 11 inch white paper

ANSWER: _____

B) If the subject property is within a resource zone, explain why the proposal will not significantly increase the cost of accepted farm or forest practices on surrounding lands devoted to farm or forest use.

ANSWER: _____

Forest Resource Zone (FR, WR, OSR) (*LDO Section 4.3.4*) Dwellings and Structures must also comply with the siting standards of LDO Section 4.3.12.

APPLIES **DOES NOT APPLY - GO TO "Additional Criteria"**

If the subject property is within a forest zone, explain why the proposal will not significantly increase fire hazard or significantly increase fire suppression costs or significantly increase risks to fire suppression personnel. Further, it must be demonstrated that the use will comply with the fire safety requirements of Section 8.7.

ANSWER: _____

ADDITIONAL CRITERIA

List any additional Criteria, specific to type of use. (Attach extra pages as needed)

Additional criteria findings attached (list): _____

No additional criteria are applicable to this application

THIS APPLICATION WILL NOT BE OFFICIALLY ACCEPTED UNTIL DEPARTMENT STAFF DETERMINES THE APPLICATION HAS BEEN COMPLETELY FILLED OUT, ALL APPLICABLE CRITERIA HAVE BEEN ADDRESSED, THE PLOT PLAN MAP IS CONSISTENT WITH THE REQUIREMENTS LISTED IN THE USER'S GUIDE, AND ALL FEES ARE PAID. THE DEPARTMENT WILL ADVISE IN WRITING IF THE APPLICATION AND/OR MAP IS UNACCEPTABLE.

Note: Additional information may be submitted on 8 ½ x 11 inch white paper

THIS APPLICATION IS HEREBY SUBMITTED AND THE STATEMENTS AND INFORMATION HEREIN CONTAINED ARE IN ALL RESPECTS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

APPLICANT(S):

Print Name: _____

Signature: _____

Date: _____

AGENT:

Print Name: _____

Signature: _____

Date: _____

OWNER or CONTRACT PURCHASER:

(See Attached Form)