

City of Union, Oregon



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Home to the Buffalo Peak Golf Course

CITY OF UNION PLANNING APPLICATION

Application #: _____

Date Submitted: _____

Received By: _____

Date of Notification: _____

Date of 1st Hearing: _____

Date Completed: _____

APPLICATION TYPE (Check one):

<input type="checkbox"/>	Conditional Use Permit	<input type="checkbox"/>	Minor Partition	<input type="checkbox"/>	Street/Alley Vacate	<input type="checkbox"/>	Zone Text Amendment
<input type="checkbox"/>	Flood Zone Permit	<input type="checkbox"/>	Plan Amendment	<input type="checkbox"/>	Variance	<input type="checkbox"/>	Site Plan Review
<input type="checkbox"/>	Historic Design Review	<input type="checkbox"/>	Property Line Adjustment	<input type="checkbox"/>	Zone Change	<input type="checkbox"/>	Major Partition

Other: _____

Fee Amount: \$ _____

Applicant: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____ **Phone:** _____

Property Owner (if Different): _____

Address: _____

City: _____ **State:** _____ **Zip:** _____ **Phone:** _____

DEVELOPMENT REQUEST

Proposed Land Use {be specific}: _____

PROPERTY INFORMATION

- Physical Site Address: _____
- Map: _____ Tax Lot: _____ Lot Size: _____
- Has property been surveyed? Yes No Inside urban growth boundary? Yes No
- Current zone classification? _____ Existing Structures: _____
- Existing Easements: _____
- Overlay Zones: Flood Zone? Yes No Historic District? Yes No
- Major Topographical features (stream, ditch, slope, etc.): _____

STATEMENT OF UNDERSTANDING

I understand that I have the burden to prove my request meets all applicable ordinance requirements and that I must address all criteria that may apply. The criteria for approving or denying my request has been furnished to me as part of this application. I understand supplemental materials and information may be required by City of Union staff to complete the application.

I certify the above information to be true and correct and that I am the property owner, or authorized representative for the property owner. I understand that my application may be denied or delayed if incomplete or found to be falsified.

APPLICANT SIGNATURE: _____

DATE: _____