



**COMMUNITY DEVELOPMENT DEPARTMENT**  
**104 SE Kibling Avenue, Troutdale, OR 97060-2099**  
**Phone (503) 665-5175 Fax (503) 667-0524**

File No.: \_\_\_\_\_  
 Date Rec'd.: \_\_\_\_\_  
 Fee Paid: \$ \_\_\_\_\_  
 Receipt #: \_\_\_\_\_

**LAND USE APPLICATION**

PROCEDURE TYPE (check one):  I  II  III  IV

PERMIT TYPE: \_\_\_\_\_

*Please print or type the information below*

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

Location or Address: \_\_\_\_\_

Tax Map and Tax Lot Numbers \_\_\_\_\_ R- \_\_\_\_\_

Zoning: \_\_\_\_\_ Overlay Zoning: \_\_\_\_\_ Plan Designation \_\_\_\_\_

Site Acres \_\_\_\_\_ Site Footage of the Lot \_\_\_\_\_

Request: \_\_\_\_\_

NAME OF APPLICANT (If signed by Agent, owner's written authorization must be attached.)

NAME OF OWNER(S) (If more than one owner, attach a separate sheet.)

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

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

Address: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_

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

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