



# Umatilla County Public Health

## Environmental Health for Umatilla & Morrow

200 SE 3<sup>rd</sup> St., Pendleton, OR 97801

Office: 541-278-6394 Fax: 541-278-5433

[www.ucohealth.net](http://www.ucohealth.net) E-Mail - [Health@umatillacounty.net](mailto:Health@umatillacounty.net)



Serving Umatilla and Morrow Counties

This form must be completed by the appropriate Planning Department to ensure the proposed activity is consistent with zoning and land use regulations. Please submit completed form to UCo Health.

### Section 1: To be completed by the applicant:

Applicant Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Email: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

#### Property Information:

Property Owner: \_\_\_\_\_ Physical Address: \_\_\_\_\_

Township: \_\_\_\_\_ Range: \_\_\_\_\_ Section: \_\_\_\_\_ Tax Lot No: \_\_\_\_\_ Account #: \_\_\_\_\_

Map: \_\_\_\_\_ Directions to property: \_\_\_\_\_

### Describe the proposed use: (Use additional pages as needed)

1) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Section 2: To be completed by the Planning Department

Property Zoning: \_\_\_\_\_ Location is: ☐ Inside UGB ☐ Outside UGB

Subject to: ☐ County Jurisdiction ☐ Shared City/County Jurisdiction ☐ City Jurisdiction

☐ Permit Not Required

☐ Permit Required ☐ Zoning Permit ☐ Design Review ☐ Conditional Use ☐ Land Use Decision

☐ Permit(s) Issued: \_\_\_\_\_

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

Planning Official Name: \_\_\_\_\_ Title: \_\_\_\_\_

Planning Official Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_