LAND USE APPLICATION
ZONING PERMIT

File Number __________  Date Received __________  Date Deemed Complete __________  Fee __________
Applicant / Contractor: Name(s) ____________________________________________
Mailing Address __________________________________________________________
Phone ___________________________  E-mail address ____________________________
Legal Owner (if different from applicant):
Name(s) _________________________________________________________________
Address _________________________________________________________________

Property Description:
Township ______ Range ______ Section ______ Tax Lot ______ Zoning Designation ______
Physical Address __________________________________________________________
Located within a UGB? _____  If yes, which city? ____________________________  Legal Access _________________________
Subdivision/Partition __________________________________________ Lot Width ______ ft  Lot Depth ______ ft
Size of Parcel ________ acres  Size of Tract ________ acres
Proposed Set Backs:  Front ______ ft  Side ______ ft  Side ______ ft  Rear ______ ft
Proposed Structures:  1. __________________________________ Sq Ft ______ Bdrms ______ Baths ______
         2. __________________________________ Sq Ft ______ Bdrms ______ Baths ______
         3. __________________________________ Sq Ft ______ Bdrms ______ Baths ______

Plot Plan:  Attach a plot plan showing where on the lot the structures will be located. Identify set backs, existing structures, location of access, septic system, drainfield, and well if applicable. The drawing does not need to be to scale.

Certification:  I, the undersigned, acknowledge that I am familiar with the standards and limitations set forth by the Morrow County Zoning and Subdivision Ordinance. I propose to meet all standards set forth by the County’s Zoning and Subdivision Ordinance and any applicable State and Federal regulations. I certify that the statements and information provided with this application are true and correct to the best of my knowledge.

Signed: ____________________________  ____________________________
(Applicant / Contractor)  (Legal Owner)
Printed: ____________________________  ____________________________
(Applicant / Contractor)  (Legal Owner)

If this application is not signed by the property owner, a letter authorizing signature by the applicant must be attached.
Planning Approval Signature ____________________________  Date ____________________________

Morrow County Planning Department
P.O. Box 40, Irrigon Oregon 97844
(541) 922-4624  FAX: (541) 922-3472

Distribution:  □ Planning Department - Original  □ Assessor’s Office - Copy  □ Building Department
□ Port of Morrow  □ Owner  □ Applicant  □ Building Official

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