

## **Land Use Planning Division** 1600 SE 190<sup>th</sup> Ave, Ste 116 Portland OR 97233

Ph: 503-988-3043 Fax: 503-988-3389

TYPE 1 **APPLICATION FORM** 

multco.us/landuse

PROPERTY IDENTIFICATION Property Address	
State Identification #	
Site Size	
A & T Alternative Account Number R#	
	E CA- PR I I -
OTHER PARCEL (if applicable) Property Address	For Staff Use
State Identification #	CASE NUMBER
Site Size	
A & T Alternative Account Number R#	LAND USE PERMIT(S)
PROPERTY OWNER(S) □ OR CONTRACT PURCHASER(S) □	
Name	
Mailing Address	DATE SUBMITTED
City State Zip Code Phone#	
I authorize the applicant below to make this application.	
Property Owner Signature #1 Property Owner Signature #2	Compliance Related □
NOTE: By signing this form, the property owner or property owner's agent is granting permission for Planning Staff to conduct site inspections on the property.	Potential Transportation
If no owner signature above, a letter of authorization from the owner is required. $\Box$	Impact □
APPLICANT'S NAME AND SIGNATURE	PF/PA No.
Applicant's Name —	
Mailing Address	Related Case No.
City State Zip Code Phone #	Related Case 110.
Fax e-mail	Related Case No.
Applicant's Signature	ZONING
GENERAL DESCRIPTION OF APPLICATION (REQUIRED)	Zoning District
Please provide a brief description of your project.	
	Zoning Overlay

Application Type 1 Rev. 01/2014