

PO Box 1416, Oaknidge: Or 97463; Voice: 541-782-2258 TDO: 541-782-4232; Fax: 541-782-1081; Websiter: ci:oaknidge: or.us;

# **PLANNING PERMITS**

Permits must be turned in 30 days before the meeting date

Condition Use Permits	\$275.00
Temporary Use Permits	\$225.00
Annexation	\$1500.00
Variance	\$200.00
Zone Change	\$400.00
Plan Amendment	\$1000.00
Appeal	\$250.00
PUD Preliminary	\$300.00
PUD Final Plus \$20.00 per lot	\$200.00
Site Review	\$200-\$600*
Minor Partition	\$100.00 per parcel
Major Subdivision	\$150.00 per parcel

\*Staff determination based on complexity of review

### Planning Commission City of Oakridge

Type of Per	'mit:
Property De	escription (metes and bounds legal description may be attached):
Assessor's r	nap and tax lot number:
	ldress:
	e District:
	esently used for:
	tends to use property for:
Registered E	ngineer or Surveyor preparing plat:
	Name:
	Address:
	Phone:
	Email:
information a and belief, an	, hereby certify that the foregoing statements, answers and attached and bearing my signature are true and accurate to the best of my knowledge d that I am the (check one)owner of record,contract purchaser, orof the real property involved in this application.
Signature:	Date:
Mailing Addre	ess:
	Email
	Office Use Only
	Date Filed:
	Fee Paid:
	Public Hearing Date:

#### Proposed Findings of Fact Conditional Use and Variance

## Please answer the following question as factually as possible

1. How will this propo	sal benefit a public need?
2. How will the proposineeds, land use in the	al meet the requirements of the comprehensive plan? For example, hous rea, etc
3. Are there any requir	ments relating to lot size, setbacks, lot coverage or other that your propo
4. How will the propose	d use meet the requirements for the zoning district in which it is located?
lote: Sources of Inform omprehensive Plan. Th	tion which may aid you can be found in the Oakridge Zoning Code and the ese may be obtained at City Hall.

#### **ATTACHMENTS**

Applicant shall prepare and attach the following to this application:

<ol> <li>A presentation of facts and reasons which establish need, appropriateness and purpose of the Variance/Conditional Use request, and</li> </ol>
2. An 8 ½" x 11" location map of area subject to proposed Variance/Conditional Use drawn to scale, and
3. Either assessor's map, parcel map, or site plan drawn to scale showing proposed Variance/Conditional Use, and
4. A list of names and addresses of property owners** whose property is subject to the proposed Variance/Conditional Use or within 250 feet of the exterior boundary thereof, and
<ul><li>5. Other information specified in Section of the Zoning Ordinance, and</li><li>6. Agreement by the property owner to satisfy the requirements of Section of the Zoning Ordinance, if applicable.</li></ul>
** NOTE: This information available from the county assessor's office.
FEE
Refer to fee schedule adopted by City Council \$
and attachments thereto are true and correct to the best of my knowledge.
Signature of Applicant Date
I, City/County Official of
attest that the foregoing application and attachments thereto were received by me on the
day of 20, from accompanied by a fee of \$
accompanied by a fee of \$
City or County Official Date