



Planning Department TYPE II Land Use Application – Limited Land Use

Date Received _____

(For official use only)

Application Number _____

Date Paid & Receipt # _____

Application Type (CHECK ONE)

- Boundary Line Adjustment
- Change in Use
- Partition Replat
- Property Line Consolidation
- Sign Permit (Freeway & Commercial Freestanding)
- Site Review – commercial/industrial
- Site Review – historic structure
- Site Review – manufactured home park
- Temporary Use Permit
- Other Limited Land Use:

IMPORTANT: Any application determined to need Planning Commission review must be submitted 30 days prior to the next Planning Commission meeting to meet legal notice requirements.

PRINT CLEARLY AND COMPLETE ALL SPACES

Applicant Information

Name _____ Daytime Phone _____
 Mailing Address _____ Email _____
 Contact Person _____ Contact Daytime Phone _____

Site Information

Street Address _____ COBURG, OR 97408
 Map & Tax Lot # _____ Total Area (sq. ft./acres) _____
 If more than one lot:
 Map and Tax Lot # _____ Total Area _____
 Map and Tax Lot # _____ Total Area _____
 Map and Tax Lot # _____ Total Area _____

If applicable:

Present Use(s) of Property _____
 Proposed Use(s) of Property _____
 For appeal, associated land use application number (e.g. SR-04-12) _____

Property Owner Information

Name _____ Daytime Phone _____
Mailing Address _____ Email _____
Contact Person _____ Contact Daytime Phone _____

Is there more than one applicant or site associated with this application? If so, check here.
ATTACH A SEPARATE SHEET WITH ADDITIONAL APPLICANT AND SITE INFORMATION)

ATTACH THE FOLLOWING DOCUMENTAION WITH YOUR APPLICATION: OFFICIAL COMPLETENESS CHECK

- Written legal description of the property(ies) _____
- Copy of Assessor’s Map, highlight property(ies) (8.5” x11” or 11” x 17” SIZE) _____
- * Written statement addressing **all** applicable Zoning District Criteria _____
- Site Plan and/or Engineered Drawings (see site plan checklist) _____
- Preliminary Title Report and supporting documentation _____
- Septic Approval from Lane County Sanitarian _____
- Is the property in the flood plain? YES NO

** Written Statements must be in the form of factual statements or findings of fact and supported by evidence. List the findings criteria In the Coburg Zoning Code (Ord. A-199) and develop evidence that supports it.*

I hereby certify that the statements and information contained in this application, including the attached drawings and the required findings of fact, are in all respects true and correct. I understand that all property pins must be shown on the drawings and visible upon site inspection. In the event that the pins are not shown or their location found to be incorrect, the owner assumes full responsibility.

I further understand that if this request is subsequently contested, the burden will be on me to establish: that I produced sufficient factual evidence at the hearing to support this request; that the evidence adequately justifies the granting of the request; that the findings of fact furnished by me are adequate, and further that all structures or improvements are properly located on the ground. Failure in this regard will result most likely in not only the request being set aside, but also possibly in any structures being built in reliance thereon being required to be removed at my expense. If I have any doubts, I am advised to seek competent professional advice and assistance.

Applicant Signature Date: _____

As owner of the property involved in this request, I have read and understood the complete application and its consequences to me as a property owner.

Property Owner Signature #1 Date: _____

Print Name Date: _____

Property Owner Signature #2

Print Name

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