

City of Clatskanie 75 S. Nehalem St. PO BOX 9

Clatskanie, OR 97016 Office: 503-728-2622 Fax: 503-7293297

Application Information:	id Use Annex	tation Application	1	
Applicant:				
Address:				
Phone:	Mobile:			
Property Owner (if different than ab	oove):			
Address:				
Phone:	Mobile: _			
General Information:				
Site Address or Property Location:				
Project Description:				
Map/Tax Lot No.:	Zone:	Site Size:	SQ Ft □ Acre	
Description of Land to be Annexed: (1	Legal Description)			
 Attach the Following Information: Map of Site Property description Copy of Deed Petition for annexation (refe Electors consent (reference Proof of ownership or authorowners must sign the subjection of the subjective information as reference and correct and further that I are by ALL owners to make this application. 	ORS 222.125) ority to make apport land use petition equired by the Circury and false swenths sole owner	olication (i.e. tax assession ty of Clatskanie to provearing that the inform of the property identif	cess this application nation that I have provided herein or I am aut	vided is
Applicants Signature	Date	Owners Signature	e	Date
FOR OFFICE USE ONLY:				

Receipt No.: _____ Fee: ____ Hearing Date: _____ Staff: ____ L:/Common/Forms/Land Use/Annexation Application – Land Use 2019

May 2019

Electors consent to annexation to the City of Clatskanie

PETITION FOR ANNEXATION TO THE CITY OF CLATSKANIE

DO NOT SIGN THE ANNEXATION PETITION UNTIL YOU HAVE CARFULLY READ THESE INSTRUCTIONS

Attached is a Petition for Annexation to the City of Clatskanie, Oregon. When it is completed and signed, it becomes a legal document requesting that your property be annexed to the City of Clatskanie.

In order to become a part of the City of Clatskanie, you must complete the attached Petition and sign your name. **Please sign your name as it appears on your property deed.** A signature must be included for each name that appears on your property deed.

Anyone who signs as an agent, guardian, or trustee for another person much provide the City with documentation of his or her authority to act for that person. In the case of a corporation, or business, the person who is authorized to sign legal documents for the firm may sign the annexation petition.

Please complete the petition thoroughly. An incomplete petition will delay processing of your request.

For additional information, please call City Hall at 503-728-2622, between the hours of 8 a.m. and 5 p.m.

Annexation to the City of Clatskanie

PETITION

To: The Common Council of the City of Clatskanie

We, the undersigned owner(s) of the property described below, herby petition for and give our consent to annexation of the property to the City of Clatskanie.

The property legal description to be annexed is attached as Exhibit A

Street Address of Property (if assigned)	Tax Account Number of Property
Print Owner Name	Signature of Owner
Pint Owner Name	Signature of Owner
Print Owner Name	Signature of Owner
Print Owner Name	Signature of Owner
Please send all correspondence to:	Name:
	Mailing Address:
	City, State, Zip:
	Contact Number:
We agree that this consent shall be irrevocab our heirs, assignees, or successors in interest	ele and is covenant and runs with the land, and is binding on ed.
The foregoing instrument was acknowledged By	d before me this day of, 20
	Notary Public of Oregon
	My commission expires:

Electors consent to annexation to the City of Clatskanie

DO NOT SIGN THE ANNEXATION PEITION UNTIL YOU HAVE CAREFULLY READ THESE INSTRCUTIONS

The following page is Elector Consent to Annexation to the City of Clatskanie. When it is completed and signed, it becomes a legal document consenting to annexation to the City of Clatskanie.

In order to become part of the City of Clatskanie, you must complete the attached consent and sign your name(s). You must be an elector. **Please sign your name as you did when you registered to vote.** A woman should sign her own name. for example, "Mary A. Jones", not "Mrs. John A. Jones".

Please complete the form thoroughly. An incomplete form will delay processing of your request

For additional information, please call City Hall, at 503-728-2622, between 8 a.m. and 5 p.m.

Annexation to the City of Clatskanie

ELECTORS CONSENT

To: The common Council of the City of Clatskanie

We, the undersigned elector, who resides on the subjected property, hereby consent to annexation of the property to the City of Clatskanie.

The property legal description to be annexed is attached as Exhibit A Street Address of Property (if assigned) Tax Account Number of Property Signature of Elector Print Name Voting Precinct Number Residence Address Date Signed Mailing Address (if different than residence) City, State, Zip Telephone Number I agree to waive the one-year time limitation on this consent established by ORS 222.173, and that this consent shall be effective and continue until annexation to the City of Clatskanie occurs. Signature of Elector The foregoing instrument was acknowledged before me this _____ day of _____, 20_____ Notary Public for Oregon

My commission expires: