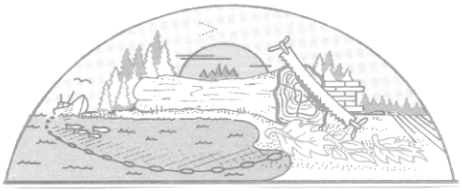

City of Clatskanie
PO Box 9
Clatskanie, OR 97016
Phone (503) 728-2622 Fax (503) 728-3297

Land Use Application Check One:

□ Non-Conforming Use □Temporary Use/Housing □ Zone Change
□ Conditional Use □ Special Review □ Other
□ Conditional Use/Limited Home Business

Name of Applicant or Agent: _____

Mailing Address: _____City: _____ State: _____ Zip: _____

Property Location: _____ Total Acreage _____

Property Tax Account Number: _____

List other contiguous property under your ownership: _____

_____

Present use of the property: _____

_____

1. Proposed use, project time table and specific reason for the request:_____

_____

2. Present use of the property: _____
3. Method of sewage disposal: _____
4. Water Supply □ Well □ Community □ Other
5. Has the subsurface sewage department reviewed this request? □ Yes □ No
6. Total employees and/or occupants: Present _____ Proposed _____
7. Present zoning: _____ Proposed zoning: _____

I hereby certify that the statements contained in this application along with the documents submitted are in all respects true and correct to the best of my knowledge.

Date _____ Signature _____

FOR STAFF USE ONLY

Receipt No. _____ Filing Fee _____
Hearing Date _____ Received by _____
Date Application Received _____