



City of Clatskanie  
PO BOX 9  
Clatskanie, OR 97016  
Office: 503-728-2622 Fax: 503-728-3297

### LAND USE APPLICATION

#### 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 \_\_\_\_\_

<b>FOR STAFF USE ONLY</b>	
Receipt No. _____	Filing Fee _____
Hearing Date _____	Received by _____
Date Application Received _____	