



Land-Use Permit Application City of Brookings

898 Elk Drive Brookings OR 97415
(541) 469-1136 FAX (541) 469-3650

Applicants must complete the following form to the best of their knowledge. Incomplete information may cause a delay in the review and the final decision on your request. If requested information is not known to the applicant, city staff will provide such information where appropriate.

APPLICATION FOR:

- | | | |
|------------------------------------------------------|----------------------------------------------------|---------------------------------------------------|
| <input type="checkbox"/> Amendments | <input type="checkbox"/> Extension of Time (\$245) | <input type="checkbox"/> Planned Unit Development |
| <input type="checkbox"/> Annexation | <input type="checkbox"/> Lot Line Adjustment | <input type="checkbox"/> Pre-Application |
| <input type="checkbox"/> Appeal: Planning Commission | <input type="checkbox"/> Master Plan Development | <input type="checkbox"/> Sign Permit |
| <input type="checkbox"/> Appeal: City Council | <input type="checkbox"/> Minor Change | <input type="checkbox"/> Subdivision |
| <input type="checkbox"/> Conditional Use Permit | <input type="checkbox"/> Mural | <input type="checkbox"/> Vacation |
| <input type="checkbox"/> Detailed Development Plan | <input type="checkbox"/> Partition | <input type="checkbox"/> Variance |

APPLICANT/OWNER INFORMATION:

Applicant _____
 Mailing Address _____
 City _____ State _____ Zip _____
 Telephone No. _____ Fax No. _____

Representative _____
 Mailing Address _____
 City _____ State _____ Zip _____
 Telephone No. _____ Fax No. _____

Owner (If not applicant) _____
 Mailing Address _____
 City _____ State _____ Zip _____
 Telephone No. _____ Fax No. _____

PROPERTY INFORMATION:

Location _____
 Assessor's Map No. _____ Tax Lot No. _____
 Parcel Size _____ Existing Zoning _____
 Comprehensive Plan Designation _____
 Existing Use _____
 Proposed Use _____
 Is water service available to the site? _____
 If no, how far to nearest city water line? _____
 Is sewer service available to the site? _____
 If no, how far to nearest city line? _____

REQUEST:

I hereby certify that the information provided on this application is correct to the best of my knowledge and understand that any false information may result in the rejection of the application and forfeiture of all fees submitted.

 Applicant's Signature Date _____

If applicant is not the owner of the property subject to this request please have the owner sign below or attach a letter signed by the owner authorizing to act on his/her behalf.

 Property Owner's Signature Date _____

In the case of an annexation or subdivision, the complete application shall be submitted no less than 45 days prior to the date of the desired Planning Commission hearing. Failure to submit any of the applicable information listed below constitutes an incomplete application. The Site Plan/Subdivision Committee may request additional information as required to ensure compliance with this code. Submittal and acceptance of the required material will constitute clearance by the Committee. Upon clearance from the Site Plan/Subdivision Committee, the application will be scheduled for the next available Planning Commission Hearing.

File No. _____ Date Received _____ Receipt No. _____ Received by _____