

Planning Department 525 North 1st Street / Lakeview, OR 97630 (541) 947-4957

TYPE II LAND USE APPLICATION FORM

PROPERTY INFORMATION	PROPERTY OWNER INFORMATION
Address:	Name:
Assessor Map & Tax Lot:	Address:
Assessor Map & Tax Lot:	
Comp. Plan Designation:Zoning:	Phone:Email:
Acres:	
APPLICANT INFORMATION	AUTHORIZED AGENT INFORMATION
Name:	Name:
Address:	Address:
City: State: Zip Code:	
Phone:Email:	Phone: Email:
APPLICATION / PERMIT TYPE	
□ Adjustment(s)	☐ Preliminary Partition Plat or Re-plat
☐ Major Modification to Approval or Condition	ns □ Site Design Review
□ Planned Unit Development "PUD" Detailed	Plan
* Applicants shall also provide all required infor supplemental information/checklist form for ea	rmation and materials indicated the corresponding ach specific application/permit type.
	he facts related in this application are correct, and the ith are true, correct, and accurate to the best of my
I certify that I am the: □ Property Owne	r or 🗆 Authorized Agent
Signature:	Date:
FOR PLANNI	ING DEPARTMENT USE ONLY
Submittal Date:	Deemed Complete:
Planning File No	120 th Day for Decision: