



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

TYPE III LAND USE APPLICATION FORM

PROPERTY INFORMATION

Address: _____
Assessor Map & Tax Lot: _____
Assessor Map & Tax Lot: _____
Comp. Plan Designation: _____ Zoning: _____
Acres: _____

PROPERTY OWNER INFORMATION

Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone: _____ Email: _____

APPLICANT INFORMATION

Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone: _____ Email: _____

AUTHORIZED AGENT INFORMATION

Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone: _____ Email: _____

APPLICATION / PERMIT TYPE

- | | |
|--|---|
| <input type="checkbox"/> Conditional Use Permit | <input type="checkbox"/> Preliminary Subdivision Plat or Re-Plat |
| <input type="checkbox"/> Major Modification to Approved Plans & Conditions | <input type="checkbox"/> Site Design Review (C-D Zoning District) |
| <input type="checkbox"/> Planned Unit Development "PUD" | <input type="checkbox"/> Variance |
| <input type="checkbox"/> Zoning Map Amendment | |

* Applicants shall also provide all required information and materials indicated the corresponding supplemental information/checklist form for each specific application/permit type.

CERTIFICATION: I hereby certify that the facts related in this application are correct, and the plans and documents submitted herewith are true, correct, and accurate to the best of my knowledge.

I certify that I am the: Property Owner or Authorized Agent

Signature: _____ Date: _____

FOR PLANNING DEPARTMENT USE ONLY	
Submittal Date: _____	Deemed Complete: _____
Planning File No. _____	120th Day for Decision: _____