



Community Development  
 101 NW A Street  
 Grants Pass, OR 97526  
 (541) 450-6060  
 Fax (541) 476-9218

# PLANNING APPLICATION FORM

**Property Address:** \_\_\_\_\_

**Property Owner:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Assessor's Map & Tax Lot:**

\_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_ **Tax Lot(s)** \_\_\_\_\_

**Phone:** \_\_\_\_\_

\_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_ **Tax Lot(s)** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Zoning:** \_\_\_\_\_

**Applicant:** \_\_\_\_\_

**City:**  **UGB:**

**Address:** \_\_\_\_\_

**Project Type:** (Please check all applicable)

**Phone:** \_\_\_\_\_

- Site Plan
  - Standard Architectural Review
  - Discretionary Arch. Review
  - Special Concept Plan

**Email:** \_\_\_\_\_

- Partition
- Property Line Adjustment
- Property Line Vacation
- Planned Unit Development
- Subdivision
- Final Subdivision or PUD Plat
- Variance
- Comp Plan/Zone Map Amendment
- Text Amendment
- Pre-Application
- Appeal / Sign Code Appeal
- Other: \_\_\_\_\_

**Authorized Representative** (if different from applicant):

**Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Surveyor or Engineer** (if applicable):

**Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**CERTIFICATION:** I hereby certify that the information on this application is correct and that I own the property, or the owner has executed a Power of Attorney authorizing me to pursue this application (attached).

\_\_\_\_\_  
 (Signature of owner or Attorney-in-Fact) Date

\_\_\_\_\_  
 (Signature of owner or Attorney-in-Fact) Date

**Size of Project** (# of units, lots, sq. ft., etc):

**Attachments:**

- (8) Folded Maps/Site Plan to scale
- (1) 8 1/2 x 11" reduced copy of site plan
- Electronic copy
- Written Narrative/Response to Criteria
- Power of Attorney
- Service Agreement
- Architectural Features
- Other: \_\_\_\_\_

**Description of Request**

(include name of project and proposed uses):

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**(For Office Use)**

Date Application Received: \_\_\_\_\_

Date Application Complete: \_\_\_\_\_

Pre-App required? Y N Pre-App # \_\_\_\_\_

Fees Paid: \_\_\_\_\_ Initials: \_\_\_\_\_

File Number(s): \_\_\_\_\_