

BAKER COUNTY PLANNING DEPARTMENT



1995 Third Street, Ste. 131
 Baker City, OR 97814
 Phone: (541) 523-8219
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File No.	_____
Received By:	_____
Date Submitted:	_____
County Planning:	101131-3404105
Fee Collected: \$	_____
Date Paid:	_____
Receipt By:	_____

CITY OF UNITY - General Application

PROPOSED USE: _____

If proposed use is an accessory structure, is it attached to the primary building/dwelling? (YES) (NO)

Has the subject property received a Measure 49 or Measure 37 approval? (YES) (NO)

<u>APPLICANT</u>			<u>PROPERTY OWNER</u>		
>			>		
Last Name	First	MI	Last Name	First	MI
>			>		
Mailing Address			Mailing Address		
>			>		
Physical Address			Physical Address		
>			>		
City	State	Zip	City	State	Zip
>			>		
Telephone			Telephone		
>			>		
Email			Email		

Property Information

Township _____ Range _____ Section _____ Tax Lot _____ Ref. _____ M49/37

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Size of Tract (include all contiguous lots under the same ownership): _____

Zone:	Total Acres:
Rural Fire District:	Flood Zone Map:
Overlay Zone:	Wetlands Map:
Soils:	Urban Growth Boundary:
Legal Parcel:	Existing Development:

REQUESTED USE INFORMATION

Predominant Use:	Water Supply: Public Spring Creek Well
Sanitary Waste Disposal: Septic Tank/Drainfield Type	Land Use Compatibility Statement /Authorization Notice Approval Date:
Power Supplier:	Other Utilities:
Water Rights/Acres:	Site Plan Received/Approved:
Road Approach: State Hwy: County Road: Pvt. Easement:	Road Name:

APPLICANT'S SIGNATURE AND CONSENT AGREEMENT

Please read carefully and initial each line.

- _____ I understand that this approval will not modify the maintenance of, or snow removal on, any County access road(s) to this parcel.
- _____ I hereby certify that all work to be performed shall be in accordance with all governing laws and rules.
- _____ I understand that the approval herein, if granted, represents only land use approval of my building permit and that a copy of this land use approval must be attached to the building permit form issued by the Building Department.
- _____ I understand and agree that my land use approval may be revoked if I do not comply with the approved Site Plan and Conditions of Approval that may be contained herein.
- _____ Planning approval is valid for a period of 1 / 2 / 4 year(s) from the date of approval. I understand that any work must be completed within this time period. I understand that I may apply for an *Extension of Time* if I am unable to complete the Conditions of Approval within the allotted time frame. I understand that an *Extension of Time* application must be submitted prior to the expiration of the final approval.
- _____ I am the property owner and I am doing my own work.
- _____ I am an authorized agent of the property owner.

Applicant Signature: _____ **Date:** _____

Property Owner(s) Signature: _____ **Date:** _____

Property Owner(s) Signature: _____ **Date:** _____

Lien Holder(s) Signature: _____

**** NOTE: All property owners must sign. Authorized signatures must provide legal documentation at the time of submittal. ****

PLANNING DEPARTMENT REVIEW - FOR OFFICE USE ONLY

- Permitted Use
 Conditional Use
 Lot of Record
 Plan Amendment
 Variance
 Approved
 Denied
 PERMIT#: _____
 DATE: _____

REASON FOR DENIAL: _____

PLANNING OFFICIAL SIGNATURE: _____ **TITLE:** _____ **DATE:** _____