



ZONING PERMIT APPLICATION

Internal Use
File Number _____ Date Received _____ Deemed Complete _____ Fee _____

Applicant / Contractor:

Name(s) _____
 Mailing Address _____
 Phone _____ E-mail _____

Legal Property Owner: *(if different from applicant)*

Name(s) _____
 Mailing Address _____
 Phone _____ E-mail _____

Property Description:

Township _____ Range _____ Section _____ Tax Lot _____ Zoning Designation _____
 Physical Address _____
 Located within a UGB? _____ If yes, which city? _____
 Legal Access (e.g. road name) _____
 Subdivision / Partition _____ Lot Width _____ ft Lot Depth _____ ft
 Size of Parcel _____ acres Size of Tract _____ acres
 Related Land Use Approvals (e.g. LUD#, CUP#, LUCS) _____

Proposed Structures/Uses: *(attach second sheet if needed)*

1. _____	Sq ft _____	Bdrms _____	Baths _____
2. _____	Sq ft _____	Bdrms _____	Baths _____
3. _____	Sq ft _____	Bdrms _____	Baths _____

Proposed Setbacks: Front _____ ft Side _____ ft Side _____ ft Rear _____ ft

Attach applicable submittal requirements in accordance with Morrow County Zoning Ordinance Article 5

Certification: I, the undersigned, acknowledge that I am familiar with the standards and limitations set forth by the Morrow County Zoning and Subdivision Ordinance. I promise to meet all standards set forth by the County's Zoning and Subdivision Ordinance and any applicable State and Federal regulations. I certify that the statements and information provided with this application are true and correct to the best of my knowledge.

Signed: _____
 Applicant/Contractor Legal Property Owner

Printed: _____
 Applicant/Contractor Legal Property Owner

If this application is not signed by the property owner, a letter authorizing signature by the applicant must be attached.

Planning Approval Signature: _____	Date: _____
Permit Expiration: _____	<input type="checkbox"/> Temporary Use
Notes: _____	

Morrow County Planning Department
 215 NE Main Ave, PO Box 40, Irrigon, OR 97844
 (541) 922-4624 FAX: (541) 922-3472

Revised 3/4/25