

ZONING PERMIT APPLICATION

Name(s)	Internal Use File Number	Date Received	Deemed Comple	ete	Fee
Mailing Address	Applicant / Contractor:				
Phone	Name(s)				
Phone	Mailing Address				
Name(s)					
Mailing Address	Legal Property Owner: (if different from applicant)			
Mailing Address	Name(s)				
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) Subdivison / 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 4 Sq ft Bdrms Baths 5 ft Bdrms Baths 6 Sq ft Bdrms Baths 7 Sq ft Bdrms Baths 7 Sq ft Bdrms					
Township Range Section Tax Lot Zoning Designation					
Physical Address	Property Description:				
Located within a UGB? If yes, which city?	Township Rang	je Section	Tax Lot	_ Zoning Desig	gnation
Lot Width	Physical Address				
Subdivison / Partition	Located within a UGB?	If yes, which city?			
Related Land Use Approvals (e.g. LUD#, CUP#, LUCS) Proposed Structures/Uses: (attach second sheet if needed) 1.	Legal Access (e.g. road na	ame)			
Proposed Structures/Uses: (attach second sheet if needed) 1	Subdivison / Partition		Lot Width	ft Lot [Depth ft
Proposed Structures/Uses: (attach second sheet if needed) 1	Size of Parcel	acres Size of Tract	acres		
Sq ft Bdrms Baths 2. Sq ft Bdrms Baths 3. Sq ft Bdrms Baths 5. Sq ft Bdrms 5. Sq ft Bdrms Baths 5. Sq ft Bdrms Bat	Related Land Use Approv	als (e.g. LUD#, CUP#, LUCS) _			
Sq ft	Proposed Structures/Us	es: (attach second sheet if needed,)		
Sq ft	1		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:	2		Sq ft	Bdrms	Baths
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 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: Temporary Use	3		Sq ft	Bdrms	Baths
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Printed:	and Subdivision Ordinance information provided with the Signed:	igned, acknowledge that I am fam Subdivision Ordinance. I promise and any applicable State and Fed and correct	deral regulations. I cer to the best of my kno	tify that the stat owledge.	s set forth by the e County's Zoning tements and
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Permit Expiration: ☐ Temporary Use					
				Date	
Notes:			•		
	Notes:				

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