

File No.:	
Date Submitted by Applicant:	
Date Deemed Complete:	

400 Main Street Cottage Grove, OR 97424

TYPE II PERMIT APPLICATION

To: City of Cottage Grove Community Development Department

<u>A.</u>	Applicant						
1.	Name: Phone No.:						
2.	Mailing Address:						
3.	Status: Owner Agent						
	Note: If agent you must have owner's consent and signature.						
В.	Owner (if not applicant)						
4.	Owner's Name: Phone No.:						
5.	Owner's Mailing Address:						
<u>C.</u>	Location of Property						
6.	Address/Location:						
7.	Map & Tax Lot Number (attach legal description if necessary)):						
8.	Present Use:						
9.	Proposed Use:						
<u>D.</u>	Request for Consideration						
10.	Type of Land Use Application applying for:						
	Options: Code Interpretations, Modification to Approvals, Partitions, Historic Alteration Permits, Non-conforming use or development Determination, Property Line Adjustments, Sensitive Lands Development, Sign Permits (Historic District), Temporary Use Permits, Variances (Class B)						
11.	Is this application filed in association with other land use permit applications?						
	☐ Yes ☐ No						
12.	Reasons for Application:						

<u>E.</u>	Required Information					
	Narrative Statement: This application must be filed with one copy of a narrative statement that explains how the application satisfies each and all of the relevant criteria and standards in sufficient detail for review and decision-making.					
	requirer Division		al, e.g., Chapters 4.s), 4.8 (Code Interp	2 (Land Use Review), 4.3 (Land pretations), 4.9 (Miscellaneous		
	Plans: Three (3) sets of plans, including one (1) set of plans in a reproducible form that is no larger than 11"x17" in size. Content of plan sets will vary with application type. Refer to submittal requirements for specific application type.					
	Non-refundable application fee.					
<u>G.</u>	Signature					
	er contract of sale			operty, which is either owned by the City of Cottage Grove,		
required and all 30 days you eith informa some of written	d information has required fees have to determine where deeming the a ation is requested of the information notice that none d complete, staff	s been submitted as de ve been paid in full. Or nether an application is application complete of you have 150 days to and written notice that of the missing information.	termined by the Conce the original apparaments complete. Within r requesting additional either: submit the tan oother information will be provide	and complete until all of the emmunity Development Director plication is submitted, Staff has 30 days a letter will be mailed to onal information. If additional missing information, submit tion will be provided, or submit a ded. Once your application is essing of your application. (ORS)		
		Owner:		Agent:		
Signatu	ire:					
Name:						
Date:						
		Office	e Use Only			
Date A _j	pplication Receiv	ved:	Initials:			
Date Application Complete: Initials:						
Applica	ant Notified of Co	ompleteness:				
Fee Pai	d:Rec	ceipt No	Initials:			