



# Land Use Review Application

**File Number:** \_\_\_\_\_

## FOR INTAKE, STAFF USE ONLY

Date Rec \_\_\_\_\_ by \_\_\_\_\_

Type I  Type Ix  Type II  Type IIx  Type III  Type IV

LU Reviews \_\_\_\_\_

[Y] [N] Unincorporated MC

[Y] [N] Flood Hazard Area (LD & PD only)

[Y] [N] Potential Landslide Hazard Area (LD & PD only)

Qtr Sec Map(s) \_\_\_\_\_ Zoning \_\_\_\_\_

Plan District \_\_\_\_\_

Historic and/or Design District \_\_\_\_\_

Neighborhood \_\_\_\_\_

District Coalition \_\_\_\_\_

Business Assoc \_\_\_\_\_

Related File # \_\_\_\_\_

**APPLICANT: Complete all sections below that apply to the proposal. Please print legibly.**

**Development Site**  
Address or Location \_\_\_\_\_

Cross Street \_\_\_\_\_ Sq. ft./Acreage \_\_\_\_\_

Site tax account number(s)

R \_\_\_\_\_ R \_\_\_\_\_ R \_\_\_\_\_

R \_\_\_\_\_ R \_\_\_\_\_ R \_\_\_\_\_

Adjacent property (in same ownership) tax account number(s)

R \_\_\_\_\_ R \_\_\_\_\_ R \_\_\_\_\_

Describe project (attach additional page if necessary):

Describe proposed stormwater disposal methods:

Identify requested land use reviews:

• **Design & Historic Reviews** - For **new development**, provide project valuation. \$ \_\_\_\_\_

For **renovation**, provide exterior alteration value. \$ \_\_\_\_\_

**AND** provide total project valuation. \$ \_\_\_\_\_

• **Land Divisions** - Identify number of lots (include lots for existing development). \_\_\_\_\_

New street (public or private)?  yes  no

**continued / over 1**

---

**Applicant Information**

- Identify the primary contact person, applicant, property owner and contract purchaser. Include any person that has an interest in your property or anyone you want to be notified. Information provided, including telephone numbers and e-mail addresses, will be included in public notices.
- For all reviews, the applicant must sign the Responsibility Statement.
- For land divisions, all property owners must sign the application.

---

**PRIMARY CONTACT:**

Name \_\_\_\_\_ Signature \_\_\_\_\_

Company/Organization \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Day Phone \_\_\_\_\_ FAX \_\_\_\_\_ email \_\_\_\_\_

**Check all that apply**  Applicant  Owner  Other \_\_\_\_\_

Name \_\_\_\_\_ Signature \_\_\_\_\_

Company/Organization \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Day Phone \_\_\_\_\_ FAX \_\_\_\_\_ email \_\_\_\_\_

**Check all that apply**  Applicant  Owner  Other \_\_\_\_\_

Name \_\_\_\_\_ Signature \_\_\_\_\_

Company/Organization \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Day Phone \_\_\_\_\_ FAX \_\_\_\_\_ email \_\_\_\_\_

**Check all that apply**  Applicant  Owner  Other \_\_\_\_\_

Name \_\_\_\_\_ Signature \_\_\_\_\_

Company/Organization \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Day Phone \_\_\_\_\_ FAX \_\_\_\_\_ email \_\_\_\_\_

**Check all that apply**  Applicant  Owner  Other \_\_\_\_\_

---

**Responsibility Statement** As the applicant submitting this application for a land use review, I am responsible for the accuracy of the information submitted. The information being submitted includes a description of the site conditions. I am also responsible for gaining the permission of the owner(s) of the property listed above in order to apply for this review and for reviewing the responsibility statement with them. If the proposal is approved, the decision and any conditions of the approval must be recorded in the County Deed Records for the property. The City of Portland is not liable if any of these actions are taken without the consent of the owner(s) of the property. In order to process this review, City staff may visit the site, photograph the property, or otherwise document the site as part of the review. I understand that the completeness of this application is determined by the Director. By my signature, I indicate my understanding and agreement to the Responsibility Statement.

Print name of person submitting this application \_\_\_\_\_

Signature \_\_\_\_\_

Phone number \_\_\_\_\_ Date \_\_\_\_\_