

15-00

ZONING APPROVAL APPLICATION

CITY OF LOSTINE

(Please print or type)

LEGAL OWNER _____ PHONE _____

MAILING ADDRESS _____ BUSINESS _____

Legal Description ___ 1/4 of ___ 1/4 of Section ___ TWP ___ Range ___ Tax Lot ___

Subdivision _____ Lot _____ Block _____ Present Zoning _____ Parking _____

Sq. Ft. or Acres _____ Lot Width _____ Lot Depth _____ Legal Access _____

Proposed Set Backs: Front _____ Ft. Side _____ Ft. and _____ Ft. Rear _____ Ft.

Proposed Structures: 1. _____ Sq. Ft. _____ Bdrms. _____ Bath _____

2. _____ Sq. Ft. _____ Bdrms _____ Bath _____

Foundation: Concrete _____ Concrete Block _____ Other _____

Construction: Walls _____ Roof _____

Proposed Water Supply: Public _____ Community _____ Spring _____ Well _____ Depth of Well _____

Proposed Sewage Disposal: Public _____ Septic Tank _____ Other _____

Installer _____ License Number _____ Phone _____

New System _____ Repair _____ Alteration _____ Extension _____

CERTIFICATION

I hereby certify that the above information is correct and understand that issuance of a permit based on this application will not excuse me from complying with effective Ordinances and Resolutions of the City of Lostine and Statutes of Oregon, despite any errors on the part of the issuing authority in checking this application.

Date

Signature

APPROVED: _____ DISAPPROVED: _____ SIGNED _____ MAYOR _____

DATE: _____

APPLY AT COURT HOUSE FOR COUNTY PERMITS

PERMIT NUMBER _____