



City of Durham

17160 SW Upper Boones Ferry Road
 Durham, OR 97224
 503-639-6851 Fax 503-598-8595
 citvofdurham@comcast.net

LAND USE APPLICATION

File: _____
Date: _____

APPLICANT		OWNER	
Name		Name	
Company		Company	
Address		Address	
City, State, ZIP		City, State, ZIP	
Phone		Phone	
Email		Email	
DESCRIPTION OF PROPERTY			
Street Address			
Tax Map/Lot		Size (Acres & Sq. Feet)	
Current Zoning			
Existing Use			
Proposed Use			
Project Description			
Pre-App Meeting		Street Creation/Vacation	Please provide three hard copies and an electronic copy of a site map, plans, and other documents with this application. Once the application is deemed complete, 11 copies will be required. An initial deposit is required. The City contracts with consultants for planning and engineering services. All planning and engineering costs for the proposed land use action are charged to the applicant. Proposed land use actions may require separate reviews from Clean Water Services, TVF&R, and Tigard Water Department.
Development Review		Community Development Conference	
Subdivision		Land Use Appeal	
Minor Partition		Sign Code Appeal	
Conditional Use		Temporary Use	
Variance		Other	
Zone Change Request			
<p>I hereby certify that this application contains no misrepresentations or falsifications and that the information given is true and complete to the best of my knowledge and belief. I understand that misrepresentation or omission of facts on this application is cause for cancellation of the application. By signing this application, the applicant and property owner agree to pay all fees associated with this application. <i>The information provided in this application is subject to disclosure in accordance with the Oregon Public Records Law.</i></p> <p>Applicant's signature: _____ Owners' signature: _____</p> <p>*If the applicant is not the property owner, the applicant must attach documentation of their authority to act as an agent on behalf of the owner.</p>			
For City Use Only			
Date Received: _____ By: _____ Payment Received: _____ Receipt: _____ Date Application Complete: _____ Attest: _____			