



**Benton
County**

**COMMUNITY DEVELOPMENT
DEPARTMENT**

Office: Kalapuya Building
4500 SW Research Way
Corvallis, OR 97333
(541) 766-6819
www.co.benton.or.us/cd

APPLICATION

DEVELOPMENT IN THE WILLAMETTE RIVER GREENWAY

File #

Fee: \$
(SEE CURRENT FEE SCHEDULE)

**ALL SECTIONS MUST BE COMPLETED. ATTACH ADDITIONAL SHEETS IF NECESSARY.
REVIEW WILL BEGIN ONLY WHEN THE APPLICATION IS DETERMINED TO BE COMPLETE**

I. Property Owner(s) Information

Name(s): _____ Phone #1: _____

Mailing Address: _____ Phone #2: _____

City: _____ State: _____ Zip: _____ Email: _____

II. Applicant Information

Name(s): _____ Phone #1: _____

Mailing Address: _____ Phone #2: _____

City: _____ State: _____ Zip: _____ Email: _____

Other individuals to be notified of this application: Name, Address, City & Zip, or Email

III. Property Information

Site Address: _____

Assessor's Map & Tax Lot Number: T _____ S, R _____ W, Section(s) _____, Tax Lot(s) _____

Acreage: _____ Zoning: _____ Fire District: _____

Water Supplied By: _____ Sewage Disposal Type: _____

Existing Structures: _____

Current use(s) of the property: _____

IV. Request Summary (Example: "Conditional Use approval to operate a commercial kennel in the RR  Zone.")

V. Attached Documentation: With all land use applications, the “burden of proof” is on the applicant. It is important that you provide **ALL** the information listed on the following pages at the time you submit your application. The processing of your application does not begin until the application is determined to be complete.

Indicate the means of access to the property: State Highway _____ County Road ___ Public Road ___

Private Road/Driveway _____ Other _____ Road Name: _____

Are there presently any buildings and/or mobile homes located on the property? YES _____ NO _____

If yes, please list the present use of each building:

Is there a septic system on the property: YES _____ NO _____ When was it installed?

When was it last inspected by the Environmental Health Division?

Water Supply: None _____ Well _____ City _____ City Association _____
Other _____

Indicate the Urban Growth or Plan Review Area in which the property is located: NONE _____

Corvallis UG _____ PR _____; N. Albany UG _____ PR _____; Philomath UG _____ PR _____

Adair UG _____ PR _____ Monroe UG _____ PR _____.

Proposed use(s) of the property for which the Conditional Use Permit is requested:

Indicate any similar uses to the requested use that are located nearby, and the distance to each:

Attachments

1. A detailed scale drawing or map (no larger than 11' x 17') (1) identifying all existing and proposed locations of roads, power lines, phone lines, septic system(s), well(s), easements, structures, driveways,

pedestrian walks, off-street parking and loading, and landscaped areas; and (2) showing an extension of all intersecting property lines and contiguous property owners' names.

- 2. One copy of deed(s) or other proof of property ownership for the subject property.
- 3. A narrative which fully and completely addresses the attached Criteria.

Signatures

<p><i>Assessed Property Value Notice</i></p> <p><i>This action or any future related action(s), if approved, may result in a change to my property valuation, and therefore the tax amount I pay annually. I will contact the Assessor's Office at 541-766-6855 to discuss and understand potential property tax impacts.</i></p> <p style="text-align: center;"><input type="checkbox"/> I understand</p>

I hereby certify that I am the legal owner(s) or contract purchaser of the above noted property; that I desire to apply for the Conditional Use Permit indicated in this application with attachments, and that the information contained therein is true and accurate to the best of my knowledge; and that the requested change would not violate any deed restrictions attached to the property involved.

Owner/Contract Purchaser Signature	Date
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Address City, State, Zip	
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Owner/Contract Purchaser Signature	Date
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Address City, State, Zip	
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Owner/Contract Purchaser Signature	Date
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Address City, State, Zip	
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For Office Use Only

Date Application Received: _____ Receipt Number: _____ By: _____

File Number Assigned: _____ Planner Assigned: _____

Date Application Deemed Complete: _____