



# 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

#### EXPAND/CHANGE A NONCONFORMING USE

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.

**Review Criteria**

1. If the alteration is required to comply with any federal, state, or local regulation: (a) explain the regulation; (b) describe the alteration required to comply with the regulation; and (c) describe how the alteration is the least modification to comply with the regulation. (Do not address criteria 2 and 3, following.)
2. Thoroughly describe how the proposed alteration or change reasonably continues the nonconforming use of the property.
3. Thoroughly describe how the proposed alteration or change would have no greater adverse impact on the neighborhood than did the existing use at the time it became nonconforming.

**Mitigating Measures**

1. Thoroughly describe any special measures you propose to undertake in order to minimize the impacts on adjacent properties and public services, and to ensure compliance with the purpose of the zone. Consider such features as: location of the use on the parcel; road capacities in the area; driveway location; parking area; on-site traffic circulation; landscape or fencing separations; size of structures; signs; exterior lighting; noise; air emissions; drainage.

**Conditions of Approval**

1. Is there an existing well or spring on the proposed parcel(s)? \_\_\_\_\_ Please attach a copy of a well log or pump test, if available, which identifies the rated yield of this water source.
2. Is there an existing septic system on the proposed parcel(s)? \_\_\_\_\_ An evaluation by Environmental Health may be required of an existing system unless the system was recently installed or repaired. Please attach a copy of any septic system records you may have available.

**Attachments**

1. A copy of deed(s) covering the subject property.
2. A copy of the easement granting access to any proposed parcel that does not have frontage on a public road.
3. An accurate scale drawing of the property, showing the locations of existing and proposed structures, roads, water supply, subsurface sewage system, easements, and driveways. Label all tax lot(s).

Is the only access or proposed access to the property via a road that crosses a railroad? \_\_\_\_\_ If yes, draw the location on your map and explain here: \_\_\_\_\_

**Signature(s)**

<p>Assessed Property Value Notice</p> <p>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.</p> <p style="text-align: center;"><input type="checkbox"/> <b><i>I understand</i></b></p>
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I hereby certify that I am the legal owners(s) or contract purchaser of the above noted property; that the information contained herein is accurate to the best of my knowledge; and that the proposed use would not violate any deed restrictions attached to the property.

Owner/Contract Purchaser Signature	Date
Owner/Contract Purchaser Signature	Date

*For Office Use Only*

Date Application Received: \_\_\_\_\_ Receipt Number: \_\_\_\_\_ By: \_\_\_\_\_

File Number Assigned: \_\_\_\_\_ Planner Assigned: \_\_\_\_\_

Date Application Deemed Complete: \_\_\_\_\_