

File No:	
Date Submitted by Applicant:	
Date Deemed Complete:	

TYPE IV PERMIT APPLICATION

A. Applicant

1.	Name: Phone No.:				
2.	Mailing Address:				
3.	Email Address:				
4.	Status: Owner Applicant/Agent				
	Note: If applicant, you must have owner's consent and signature.				
<u>B. Ov</u>	vner (if not applicant)				
5.	Owner's Name:Phone No.:				
6.	Owner's Mailing Address:				
7.	Email Address:				
C. Lo	cation of Property				
8.	Address/Location:				
9.	Map & Tax Lot Number/R Number:				
10.	Present Use:				
11.	Proposed Use:				
<u>D. Re</u>	quest for Consideration				
12.	Type of Land Use Application applying for:				
	Options:				
	Subdivision or Major Land Partition.				
13.	Is this application filed in association with other land use permit applications? Yes No				
12.	Project Description:				

<u>E. Re</u>	equired Information						
	A completed permit application for	rm					
	Submit 10 copies of proposed subdivision or partition pursuant to: Section 9.220(2)(a-z) for Subdivisions, and Section 9.220(3)(a-k) for Partitions.						
	☐ A statement of the nature of the development and the reasons therefor.						
	☐ All information required by the Standards Document.						
	Proof that the property affected by the application is in the exclusive ownership of the applicant, or that the applicant has the consent of all partners in ownership of the affected property.						
	☐ Legal description of the property affected by the application.						
	The application fee.						
	A list of the property owners or other persons affected by the proposed development or use to receive notice of hearing.						
F.Sig	nature						
	by request a Type IV Permit on the act of sale to the applicant, and is loc			by or under			
wheth applied 180 do no oth be pro	have been paid in full. Once the originer an application is complete. Within cation complete or requesting additionally to either: submit the missing information will be provided, or sovided. Once your application is deepended of your application. (ORS 227)	n 30 days a letter wonal information. If a cormation, submit so submit a written not med complete, staff	ill be mailed to you either deemin additional information is requeste me of the information and written ice that none of the missing infor will have 120 days to complete to	ng the and you have a notice that a mation will			
G : .	Property Owner:		Applicant:				
Signatu	ire:						
Name:							
Date:	 						
		Office Use Only	4				
Date Application Received:		Initials:					
Date Application Complete:		Initials:					
Appli	icant Notified of Completeness:						
Fee P	Paid: Receipt No.	Initials:					