

City of Willamina  
411 NE "C" Street  
PO Box 629  
Willamina OR 97396  
Telephone: 503-876-2242  
Fax: 503-876-1121  
ci.willamina.or.us

# PLANNING APPLICATION FORM

Property Address: \_\_\_\_\_  
\_\_\_\_\_

Assessor's Map & Tax Lot  Polk  Yamhill  
\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_- Tax Lot(s) \_\_\_\_\_  
\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_- Tax Lot(s) \_\_\_\_\_

Zoning \_\_\_\_\_

Project Type (Please check all applicable):

- Annexation
- Conditional Use
- Home Occupation
- Lot Line Adjustment
- Non-Conforming Use
- Partition
- Signs
- Similar Use
- Subdivision and Planned Unit Development
- Variance
  - Minor
  - Major
- Zone Change
- Other: \_\_\_\_\_

Size of the Project (# of units, lots, sq. ft., etc.):  
\_\_\_\_\_

Attachments:

- (4) folded Maps/Site Plan to scale (if larger than 11" x 17")
- (1) 8 1/2" x 11" reduced copy of site plan
- Written Narrative/Response to Criteria
- Power of Attorney (if applicable)

## Description of Request

(include name of project and proposed uses)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(For Office Use)

COMPLETE PER: Engineering \_\_\_\_\_  
(Req'd Zn Chg, SPR, & Land Divisions)  
Planning \_\_\_\_\_

Property Owner: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

Applicant: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

Authorized Representative (if different from applicant):

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

Surveyor or Engineer (if applicable):

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

**CERTIFICATION:** I hereby certify that the information on this application is correct and that I own the property or the owner has executed a Power of Attorney authorizing me to pursue this application (attached).

\_\_\_\_\_  
(Signature of Owner or Attorney-in-Fact)      Date

\_\_\_\_\_  
(Signature of Additional Owner)      Date

(For Office Use)

Date Application Received: \_\_\_\_\_

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

Pre-app required? Y N Pre-app # \_\_\_\_\_

Fee Paid: \_\_\_\_\_ Initials: \_\_\_\_\_

File Number: \_\_\_\_\_