



COMMUNITY DEVELOPMENT DEPARTMENT

360 SW Avery Avenue
Corvallis, OR 97333-1139
(541) 766-6819
FAX (541) 766-6891

APPLICATION

ADMINISTRATIVE REVIEW

File # _____

Staff Fee: \$215 or \$415 if legal ad is required

Property Owner or Contract Purchaser Information

Name: _____ Daytime Phone: _____

Address: _____ Alternate Phone: _____

City & Zip: _____ Email: _____

Other individuals you want to receive notice of this application:

<u>Name</u>	<u>Address</u>	<u>City & Zip</u>
_____	_____	_____
_____	_____	_____

General Property Information

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

Acreage: _____ Zoning: _____

Existing Structures: _____

Current use(s) of the property: _____

Describe use for which you are applying: _____

Explain in detail your level of operation (i.e., hours, products, etc): _____

Is the only access or proposed access to the property via a road that crosses a railroad? Yes _____ No _____
If yes, please draw the location on your map and describe here: _____

Use(s) of adjacent property (not under the ownership of the applicant):

North of property: _____

South of property: _____

East of property: _____

West of property: _____

Criteria

The criteria for Administrative Review depend on the use in question. Consult the applicable section of the Development Code.

Attachments

1. A written statement and supporting documentation sufficient to demonstrate that the review criteria are met.
2. 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 lots.

Signature(s)

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 requested administrative review permit 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: _____