



COMMUNITY DEVELOPMENT DEPARTMENT

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

APPLICATION

PRE-APPLICATION CONFERENCE

Required prior to application for subdivision, series partition, Corvallis UGB partition, and most zone changes

File # _____

Fee: Planning \$250

Property Owner or Contract Purchaser

Name: _____ Phone: _____

Mailing Address: _____ Email: _____

Representative for Property Owner or Contract Purchaser

Name: _____ Phone: _____

Mailing Address: _____ Email: _____

Whom should the County contact? Owner Representative

What is this regarding? Subdivision Series Partition or Corvallis UGB Partition Zone Change Other

Brief description: _____

General Property Information

Site Address or Nearby Street Names: _____

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: _____

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

North of property: _____

South of property: _____

East of property: _____

West or property: _____

Attachments

Consult the sections of the Development Code listed below for the *minimum* materials **you need to attach** to this application. We recommend that you also review the approval criteria, approval process, and the application form for the land use you are considering.

- Subdivision, Series Partition, or Partition in the Corvallis Urban Fringe: BCC 100.105 and/or BCC 64.310**
- Subdivision elsewhere in the county: BCC 97.105**
- Series Partition elsewhere in the county: BCC 95.105 & 95.110**
- Zone Change: BCC 53.505 & 53.510**

Signature(s)

I hereby certify that I am the legal owners(s) or contract purchaser(s) of the above noted property; that the information contained herein and attached is accurate to the best of my knowledge; and that the requested land use action would not violate any deed restrictions attached to the property.

Owner/Contract Purchaser Signature	Date
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: _____

Pre-Application Conference Scheduled for: _____