



**Benton
County**

**COMMUNITY DEVELOPMENT
DEPARTMENT**

Community Development Department

Office: (541) 766-6819

360 SW Avery Avenue

Corvallis, OR 97333

co.benton.or.us/cd

APPLICATION

MINISTERIAL REVIEW

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: "A Processing Facility in the Exclusive Farm Use 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.

Criteria

The criteria for Ministerial 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: _____