



COMMUNITY DEVELOPMENT DEPARTMENT

360 SW Avery Avenue
Corvallis, OR 97333-1139
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www.co.benton.or.us/cd/

APPLICATION

LAND USE RESEARCH

File # _____

Fee: \$ _____ deposit (1 hour)
(SEE FEE SCHEDULE FOR HOURLY RATE)
Note: total fees are due prior to decision

ALL SECTIONS MUST BE COMPLETED. ATTACH ADDITIONAL SHEETS IF NECESSARY.
REVIEW WILL BEGIN ONLY WHEN THE APPLICATION IS DETERMINED TO BE COMPLETE

Applicant

Name: _____ Phone #1: _____

Mailing Address: _____ Phone #2: _____

City & Zip: _____ Email: _____

Property Location or Address: _____ Acreage: _____ Zone: _____

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

SPECIFIC NATURE OF REQUEST: (For example, "How many legal parcels do I own?")

Multiple horizontal lines for writing the specific nature of the request.

Signature _____ Date _____

(For Office Use Only)

Date Application Received: _____ Receipt Number: _____ By: _____

Planner Assigned: _____