

Josephine County, Oregon



Community Development – Planning Division
700 NW Dimmick, Suite C / Grants Pass, OR 97526
(541) 474-5421 / Fax (541) 474-5422
E-mail: planning@co.josephine.or.us

PLANNING APPLICATION FORM

Property Address: _____

Assessor's Map & Tax Lot:

_____-_____-_____-_____-_____-_____-_____-_____-_____-
Tax Lot(s) _____

_____-_____-_____-_____-_____-_____-_____-_____-_____-
Tax Lot(s) _____

Zoning: _____

Size of Project: (# of Units, Lots, Dimensions, Sq. Ft., Etc.)

Application/Permit Type: (Please Check All Applicable)

- Address Assignment
 - New Address
 - Change of Address
 - Additional Address
- Annual Compliance Certificate (See Form A)
- Appeal (See Sec.19.33.040)
- Comp Plan/Zone Map Amendment (See Sec.19.46.030)
- Conditional Use Application (Chapter. 19.45)
- Determination of Nonconforming Use (See Sec.19.13.060)
 - Marijuana Prod. Site on RR (Attach License and Premise Sketch)
 - Alteration/Expansion of Nonconforming Use/Structure (See Div. 19.13.050)
- Final Plat (See Sec.19.56.030)
- Mass Gathering (See Sec. 19.43.B - Use Mass Gathering Form)
- Partition (See Sec.19.52.040)
- Planned Unit Development (See Sec.19.55.030)
- Pre-Application (See Chapter. 19.21)
- Property Line Adjustment or Vacation (See Sec.19.54.040)
- Replat (See Sec.19.53.040)
- Riparian Landscape Plan (Attach Plan or Use Form B)
- Site Plan Review (See Chapter 19.42)
- Subdivision (See Sec.19.51.040)
- Text Amendment (See Sec.19.46.030)
- Variance (See Chapter.19.44)

- Conditional Use Permit (Chapter. 19.92)
- Development Permit (See Sec.19.41.020)
- Temporary Dwelling (See Chapter. 19.43)
 - Detached Living Space
 - Medical Hardship
- Other: _____

Attachments:

- (2) Folded Maps/Site/Tentative Plan to Scale
- (1) 8 1/2x 11" Site/Tentative/Plot Plan
- Written Narrative/Response to Criteria
- Power of Attorney
- Statement of Intended Water Use

- Statement of Understanding
 - Floor Plan/Elevations
 - Access Permit
 - Proof of Fire Protection
 - Erosion Control Plan/Fire Safety Plan
- Other: _____

Description of Request/Reason for Appeal

(Include name of project and proposed uses):

Property Owner: _____

Address: _____

Phone: _____

Email: _____

Applicant: _____

Address: _____

Phone: _____

Email: _____

Authorized Representative/ Surveyor or Engineer:

(If Different From Applicant) (If Applicable)

Address: _____

Phone: _____

Email: _____

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 Owner or Attorney-in-Fact) Date

(For Office Use)

DATE STAMP

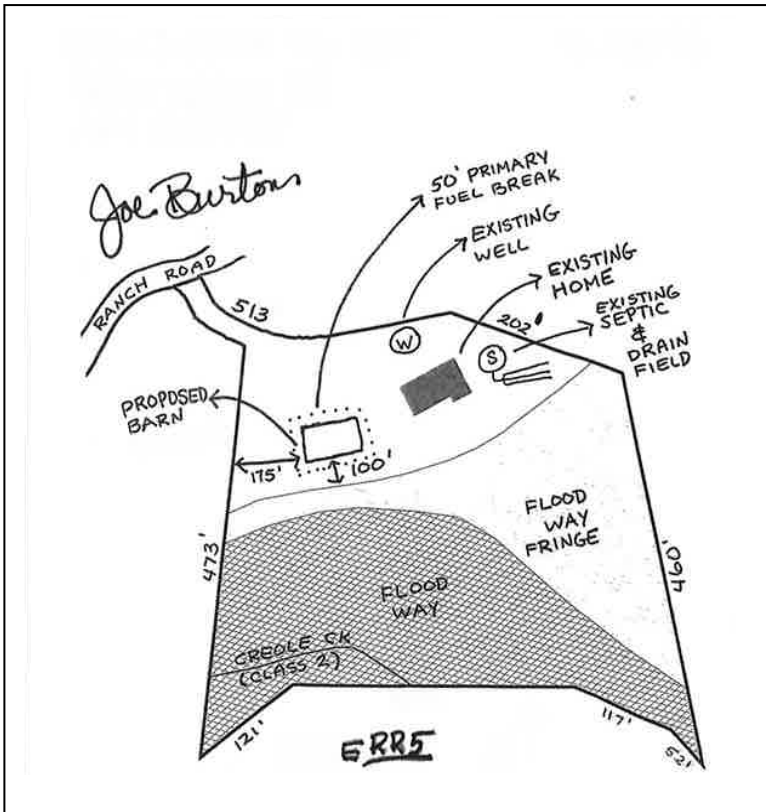
Fees Paid: _____ Initials: _____



PLANNING APPLICATION FORM

Example of Plot Plan

Examples of Floor Plan and Elevation Plan



A plot plan must be drawn so the features are in realistic proportion, and must include all of the following information:

- Date, Assessor's legal description (township, range, section, tax lot number) and street address.
- North arrow.
- Shape of property, showing all property lines with approximate lengths in feet.
- Location and names of adjacent roads.
- Location of all existing structures. Also show location of all proposed structures, including size, distance from two closest property lines, distance to the ordinary high water mark of any water features (stream, river, etc.) on the property.
- Height and dimensions, in feet, of all proposed structures.
- Location of water supply (well, spring, etc).
- Location of septic tank and field (whether existing or approved for installation).
- Location of all driveways, easements or roads crossing the property.
- Signature of property owner, contractor or legal representative.

SETBACKS FROM PROPERTY LINES			
ZONE	FRONT	SIDES	REAR
AG	30	30	30
EF	30	30	30
FC	30	30	30
FR	30	30	30
LD	30	30	30
RC	10	10	10
RI	10	10	10
RR	30	10	25
S	30	30	30
WR	30	30	30

