



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

STATEMENT OF INTENDED WATER USE

Name: _____

Date: _____

Address: _____

Phone: _____

LEGAL:

TWN____, RNG____, SEC____, QQ____,

Tax Lot _____

LAND USE PROPOSAL

Property Line Adjustment

Land Partition (# of Lots_____)

Subdivision (# of Lots_____)

Planned Unit Development

Home Occupation

Administrative Permit

Conditional Use Permit

Comp Plan & Zone Change

Current Zoning: _____

Are new lots being created Yes No

Will any lots be less than 1 acre in size? Yes No

DESCRIPTION OF WATER USE

(Describe the Use)

How many residential units will use water (# of units, single or multi-family)? _____

Will water be used to irrigate (lawn, garden, shrubs, fields)? _____

_____ Total # of Acres Irrigated per Development_____

Will water be used for livestock (kind, #)? _____

Will water be used for one of the following:

Commercial (office, retail, motel)

Industrial (manufacturing, heavy repair)

Institutional (school, church)

Recreation (park, campground, pond)

Other: _____ # partial hookup sites_____ # full hookups_____

If so, please describe the use in detail: _____



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SOURCE OF WATER (Check All That Apply)	QUANTITY TO BE USED (Estimate)
<input type="checkbox"/> Surface Water Source (spring, stream, irrigation district): _____ _____ _____ <input type="checkbox"/> Reservoir or Pond: _____ <input type="checkbox"/> Ground Water: <input type="checkbox"/> Individual Well(s) <input type="checkbox"/> Shared Well(s) <input type="checkbox"/> Community Well(s) (Indicate the # of wells: _____) <input type="checkbox"/> Sump <input type="checkbox"/> Municipal Supply <input type="checkbox"/> Water Rights <input type="checkbox"/> Yes (Certificate/Permit # _____) <input type="checkbox"/> No <input type="checkbox"/> Do Not Know	_____ Gallons Per Minute _____ Gallons Per Day _____ Cubic Feet Per Second _____ Acre Feet Remarks:

*******ATTACH MAP SHOWING LOCATION OF EXISTING AND PROPOSED WELLS*******

Signature of Applicant

-- OFFICIAL USE ONLY --	
Water Right Required <input type="checkbox"/> Yes <input type="checkbox"/> No	
Water Hazard Overlay Zone? <input type="checkbox"/> Yes <input type="checkbox"/> No Comment: _____	
Other Remarks: _____	
PUMP TEST REQUIRED? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Major <input type="checkbox"/> Minor <input type="checkbox"/> Other _____	
Date: _____, 20_____	
Reviewed By _____	