

COLUMBIA COUNTY  
**LAND DEVELOPMENT SERVICES**  
COURTHOUSE  
230 STRAND  
ST. HELENS, OREGON 97051  
(503) 397-1501

General Application

File No. \_\_\_\_\_

**GENERAL LAND USE PERMIT APPLICATION**

Application Purpose: Plan Map Amendment & Zone Change

**APPLICANT:** Name: \_\_\_\_\_

Mailing address: \_\_\_\_\_

Phone No.: Office \_\_\_\_\_ Home \_\_\_\_\_

Are you the \_\_\_\_\_ property owner? \_\_\_\_\_ owner's agent?

**PROPERTY OWNER:** \_\_\_\_\_ same as above, OR:

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

**PROPERTY ADDRESS** (if assigned): \_\_\_\_\_

**TAX MAP NO.:** \_\_\_\_\_ Acres: \_\_\_\_\_ Zoning: \_\_\_\_\_

\_\_\_\_\_ Acres: \_\_\_\_\_ Zoning: \_\_\_\_\_

\_\_\_\_\_ Acres: \_\_\_\_\_ Zoning: \_\_\_\_\_

**PRESENT USES:** (farm, forest, bush, residential, etc.)

Use: \_\_\_\_\_ Approx. Acres \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Total acres (must agree with above): \_\_\_\_\_

**PROPOSED USES:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**WATER SUPPLY:** \_\_\_\_\_ Private well. Is the well installed? \_\_\_\_ Yes \_\_\_\_ No  
\_\_\_\_\_ Community system. Name \_\_\_\_\_

**METHOD OF SEWAGE DISPOSAL:** \_\_\_\_\_ Community Sewer. Name \_\_\_\_\_  
\_\_\_\_\_ Not applicable.  
\_\_\_\_\_ Septic System.

If Septic, does the subject property already have a system? \_\_\_\_ Yes \_\_\_\_ No  
If no, is the property approved for a Septic System? \_\_\_\_ Yes \_\_\_\_ No

**CONTIGUOUS PROPERTY:** List all other properties you own which have boundary lines touching this property:

<u>Tax Map No.</u>	<u>Acres</u>	<u>Co-owners (if any)</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

**CERTIFICATION:**

I hereby certify that all of the above statements, and all other documents submitted, are accurate and true to the best of my knowledge and belief.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

**NOTE:** Please attach an accurate and detailed plot plan, including property lines, existing and proposed structures, location of septic tank and drainfield, farm - forest areas, large natural features (cliffs, streams, etc.).

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Planning Department Use Only

Date Rec'd. \_\_\_\_\_ Hearing Date: \_\_\_\_\_

Or: Administrative \_\_\_\_\_

Receipt No. \_\_\_\_\_

Zoning: \_\_\_\_\_ Staff Member: \_\_\_\_\_

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