

SIGNATURE BLOCK REQUIREMENTS:

COLUMBIA COUNTY REQUIREMENTS FOR SUBDIVISION PLATS:

APPROVED THIS _____ DAY OF _____, 200__.

BY: _____
COLUMBIA COUNTY PLANNING DEPARTMENT

APPROVED THIS _____ DAY OF _____, 200__.

BY: _____
COLUMBIA COUNTY SURVEYOR

APPROVED THIS _____ DAY OF _____, 200__.

BY: _____
COLUMBIA COUNTY ASSESSOR

APPROVED THIS _____ DAY OF _____, 200__.
ALL TAXES, FEES, ASSESSMENTS OR OTHER CHARGES
AS PROVIDED BY O.R.S. 92.095 HAVE BEEN PAID
THROUGH _____, 200__.

BY: _____
COLUMBIA COUNTY TAX COLLECTOR

STATE OF OREGON)
COLUMBIA COUNTY)ss

I DO HEREBY CERTIFY THAT THE ATTACHED PARTITION/SUBDIVISION
WAS RECEIVED FOR RECORD ON THE _____ DAY
OF _____, 200__, AT _____ O'CLOCK __.M.
AND RECORDED AS INSTRUMENT NUMBER _____
AND AS PARTITION PLAT NUMBER _____
COLUMBIA COUNTY RECORDS _____

DEPUTY COUNTY CLERK

BY: _____

APPROVED _____, 2008.
COLUMBIA COUNTY BOARD OF COMMISSIONERS

BY: _____

BY: _____

BY: _____

SIGNATURE BLOCK REQUIREMENTS:

COLUMBIA COUNTY REQUIREMENTS FOR PARTITION PLATS:

APPROVED THIS _____ DAY OF _____, 200__.

BY: _____
COLUMBIA COUNTY PLANNING DEPARTMENT

APPROVED THIS _____ DAY OF _____, 200__.

BY: _____
COLUMBIA COUNTY SURVEYOR

APPROVED THIS _____ DAY OF _____, 200__.

BY: _____
COLUMBIA COUNTY ASSESSOR

APPROVED THIS _____ DAY OF _____, 200__.
ALL TAXES, FEES, ASSESSMENTS OR OTHER CHARGES
AS PROVIDED BY O.R.S. 92.095 HAVE BEEN PAID
THROUGH _____, 200__.

BY: _____
COLUMBIA COUNTY TAX COLLECTOR

STATE OF OREGON)
COLUMBIA COUNTY)ss

I DO HEREBY CERTIFY THAT THE ATTACHED PARTITION/SUBDIVISION
WAS RECEIVED FOR RECORD ON THE _____ DAY
OF _____, 200__, AT _____ O'CLOCK __.M.
AND RECORDED AS INSTRUMENT NUMBER _____
AND AS PARTITION PLAT NUMBER _____
COLUMBIA COUNTY RECORDS _____

DEPUTY COUNTY CLERK

BY: _____

****BOARD OF COMMISSIONERS IF NECESSARY****

NEEDED ONLY IF THERE IS ROAD DEDICATION. PLEASE SEE SIGNATURE BLOCK REQUIRED FOR SUBDIVISIONS FOR EXAMPLE.

CITY OF ST. HELENS REQUIREMENTS:

SAME AS FOR COUNTY (BUT NO COUNTY PLANNING) BUT ADDING:

CITY OF ST.HELENS PLANNING CHAIR OR CHAIRMAN

MAYOR OF ST. HELENS

CITY OF SCAPPOOSE REQUIREMENTS:

SAME AS FOR COUNTY (NO COUNTY PLANNING) BUT ADDING:

APPROVED THIS _____ DAY OF _____, 200_.
CITY ENGINEER

BY: _____

APPROVED THIS _____ DAY OF _____, 200_.
CITY PLANNER

BY: _____

APPROVED THIS _____ DAY OF _____, 200_.
CITY MANAGER

BY: _____