



CITY OF FOREST GROVE

F-LUAPP

LAND USE APPLICATION

Application For:

- Site Plan Approval
- Conditional Use
- Variance
- Appeal to _____
- Establish a Planned Development
 - PRD CPD PID
- Comprehensive Plan Amendment
 - TEXT MAP

- Zoning Ordinance Amendment
 - TEXT MAP
- Land Division
 - SUBDIVISION PARTITION
 - TENTATIVE PLAT FINAL PLAT
- Other _____

Applicant

Name _____

Address _____

City _____

State _____ Zip _____

Phone _____ Fax _____

e-mail _____

Property Owner

Name _____

Address _____

City _____

State _____ Zip _____

Phone _____ Fax _____

e-mail _____

Property Description

Site Address _____

Map and Tax Lot (please attach legal description) _____

Map No. _____ Tax Lot No. _____

Total Acres or Square Feet _____

Acres _____ Sq. Ft. _____

Property Use Description

Existing Land Use _____

Existing Zoning _____

Proposed Zoning (if applicable) _____

Proposed Use _____

Additional Information

In order to expedite and complete the processing of this application, the Planning Division requires that all ten copies of pertinent material required for review be submitted at the time application is made. If the application is found to be incomplete, review and processing of the request will not begin until the application is made complete. The submittal requirements relative to this application may be obtained from the specific sections of the Zoning or Land Division Ordinances pertaining to this application and from Planning Division staff. Pre-application conferences with Planning Division staff are encouraged. If there are any questions as to submittal requirements, contact the Planning Division prior to formal submission of the application. In submitting this application, the applicant should be prepared to give evidence and information which will justify the request. *The filing fee must be paid at the time of submission. This fee in no way assures approval of the application and is non-refundable.*

Additional Information

I certify that the statements made in this application are complete and true to the best of my knowledge.
I understand that any false statements may result in denial of this application.

Applicant's Signature _____ Date _____

Property Owner's Signature _____ Date _____

Received By _____ Date _____

Receipt Number _____

Fee Paid _____ Date _____

Application Number _____

Community Development Department

City of Forest Grove
1924 Council Street/PO Box 326
Forest Grove, OR 97116-0326
Ph: (503) 992 - 3227
Fax:(503) 992-3202



April 2002
