



APPLICATION FOR ANNEXATION
City of Central Point Planning Department

DATE STAMP
FOR OFFICE USE ONLY

APPLICANT INFORMATION:

Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Telephone: Business: _____ Residence: _____
E-mail Address: _____

AGENT INFORMATION:

Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Telephone: Business: _____ Residence: _____
E-mail Address: _____

OWNER OF RECORD: (Attach Separate Sheet If More Than One):

Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Telephone: Business: _____ Residence: _____

PROJECT DESCRIPTION:

Type of Planned Development: _____
Township: _____ Range: _____ Section: _____ Tax Lot(s): _____
Address: _____
Township: _____ Range: _____ Section: _____ Tax Lot(s): _____
Address: _____
Township: _____ Range: _____ Section: _____ Tax Lot(s): _____
Address: _____
Planned Zoning District: _____
Total Acreage: _____
Total Number of Existing Dwelling Units: _____

REQUIRED SUBMITTALS:

- Application Form
- Application Fee (See Current Fee Schedule)
- Preliminary Plat
- Written Authority from Property Owner if Agent in application process
- Annexation Petition
- Legal Description of extension boundary of proposed annexed territory
- Census Form

I HEREBY STATE THAT THE FACTS RELATED IN THE ABOVE APPLICATION AND THE PLANS AND DOCUMENTS SUBMITTED HERewith ARE TRUE, CORRECT, AND ACCURATE TO THE BEST OF MY KNOWLEDGE.

I certify that I am the: Property Owner or Authorized Agent of Owner
of Project Site

Signature: _____ Date: _____

If any wetlands exist on the site, it is the applicant's responsibility to apply for a permit to the Division of State Lands before any site work begins.

FOR PLANNING DEPARTMENT USE ONLY	
Application Accepted As Complete on: _____	Land Use Case File No. _____
120 th Day for Land Use or Limited Land Use Decision: _____	
Wetlands Check: _____	