PRE-APPLICATION APPLICATION

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 INFORMATION:

Township: _____ Range: _____ Section: _____ Tax Lot(s): _____

Address: _____ Zoning District: _____

Current Zoning: _____

Type of Development:

- ☐ Residential
- ☐ Commercial
- ☐ Industrial
- ☐ Other (describe): _____

Number of Dwelling Units: _____

Commercial/Industrial Gross Floor Area: _____

REQUIRED SUBMITTALS:

- ☐ Application Form
- ☐ Application Fee (See Current Fee Schedule)
- ☐ Written Description of Project (Attach a brief description of the proposed project)
- ☐ Draft Site Plan and Architectural Elevations (Attach 5 copies of a scaled site plan of the proposed project including property lines, building locations, parking, and ingress/egress points)

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.** _____

Pre-Application Meeting Date: _____

Pre-Application Report Mailed: _____