



**TENTATIVE PLAN 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 DESCRIPTION:**

Type of Land Division: \_\_\_\_\_  
Township: \_\_\_\_\_ Range: \_\_\_\_\_ Section: \_\_\_\_\_ Tax Lot(s): \_\_\_\_\_  
Township: \_\_\_\_\_ Range: \_\_\_\_\_ Section: \_\_\_\_\_ Tax Lot(s): \_\_\_\_\_  
Zoning District: \_\_\_\_\_ Total Acreage: \_\_\_\_\_  
Environmental Acreage: \_\_\_\_\_ R.O.W. Acreage: \_\_\_\_\_  
Exclusive Civic Area Acreage: \_\_\_\_\_ Exclusive Employment Acreage: \_\_\_\_\_  
Name of Development: \_\_\_\_\_

**Has a pre-application meeting been held?**  Yes  No

**If yes, pre-application File No.:** \_\_\_\_\_

**NOTE: For some Type II Applications, a pre-application meeting may be required; for all TYPE III Applications, a pre-application meeting is required.**

**REQUIRED SUBMITTALS:**

- Application Form
- Application Fee (See Current Fee Schedule)
- Legal Description
- Ten (10) copies of Tentative Plan per Chapter 16.10
- One copy of plat reduced to 8 1/2 x 11
- Written Authority from Property Owner if Agent in application process
- Preliminary title report
- Mailing labels for all properties within 100 foot perimeter of project

**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.**

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