



Final Plat Application

140 South 3rd Street
Central Point, OR 97502
541.664.3321

www.centralpointoregon.gov

APPLICANT INFORMATION

Name _____

Company _____

Address: _____

City _____ State _____ Zip code _____

Email _____

Telephone (Primary) _____ (Secondary) _____

AGENT INFORMATION (Owner's consent required)

Name _____

Company _____

Address: _____

City _____ State _____ Zip code _____

Email _____

Telephone (Primary) _____ (Secondary) _____

PROPERTY OWNER INFORMATION

Name _____

Company _____

Address: _____

City _____ State _____ Zip code _____

Email _____

Telephone (Primary) _____ (Secondary) _____

PROJECT DESCRIPTION

Project Name: _____

Map & Tax Lot(s): _____

Site Address(es): _____

Zoning District: _____ Total Acreage: _____

Tentative Plan File No. _____

APPLICATION CHECKLIST

Applications shall include all of the following submittals:

- Application Form (Signed)
- \$1,200 Application Fee
- Legal Description
- Preliminary title report
- Property Owner Consent Form for agent authorization (if applicable)
- Final Plat per CPMC 16.12
 - Two (2) copies drawn to scale
 - One reduced paper copy (8 ½ " x 11")
 - PDF emailed to planning@centralpointoregon.gov
- Written documentation demonstrating that **all** conditions of the approved tentative plan have been met.

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

Property Owner Authorized Agent

Signature

Date

FOR OFFICE USE ONLY

Date Received: _____

File No. _____

Date Accepted as Complete: _____

120-day Rule Date: _____