

APPLICATION TO RECLASSIFY A TYPE "B" NONCONFORMING USE TO TYPE "A"

City of Central Point Planning Department

DATE STAMP FOR OFFICE USE ONLY

		State:	Zip Code:
Telephone: Business	:		Residence:
E-mail Address:			
AGENT INFORMA	TION:		
Name:			
Address:			
City:		State:	Zip Code:
Telephone: Business	3:		Residence:
E-mail Address:			
OWNER OF RECO	RD: (Attach S	enarate Sheet If	More Than One):
Name:	,	-	
Address:			
City:		State:	Zip Code:
Telenhone Business	······	State	Residence:
Telephone. Dusiness.			
PROJECT DESCR	IPTION:		
		ubdivision	\Box Minor Partition \Box Pad Lot
			Tax Lot(s):
Township:	_ Range:	Section: _	Tax Lot(s):
Zoning District	_ Kalige	Section: Original Dat	e of Construction:
Total Acreage:			
Conorol Description	of Poologificat		
		ion Request.	
General Description		ion Request:	
Note: For some Typ Has a pre-application REQUIRED SUBM Application F Application F One Copy of Written Authon Photographs of Legal Descrip Mailing labels Written Findi	e II Application on meeting bee ITTALS: Form See (See Curren a Reduced Site fority from Prop of site to show p of site to show p otion s for all propert ngs of Fact den	ns, a pre-applie ons, a pre-applie n held? □ Ye t Fee Schedule) Plan & Elevatio erty Owner if A present condition ies within 250 fe oting compliance	cation meeting may be required. es \Box No Date: ns (8 $\frac{1}{2}$ x 11) gent in application process ns pot perimeter of project e with Chapter 17.56.030 CPMC
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 Application Accepted As Complete on:
 Land Use Case File No.

 120th Day for Land Use or Limited Land Use Decision:
 Wetlands Check: