



TOD MASTER PLAN APPLICATION
City of Central Point Planning Department

DATE STAMP
FOR OFFICE USE ONLY

APPLICANT INFORMATION

Name: _____
Address: _____
City: _____ State: _____ Zip code: _____
Phone (Business): _____ Phone (Residence): _____
Email: _____

AGENT INFORMATION (Attach written authorization from property owner)

Name: _____
Address: _____
City: _____ State: _____ Zip code: _____
Phone (Business): _____ Phone (Residence): _____
Email: _____

OWNER OF RECORD (Attach separate sheet if more than one)

Name: _____
Address: _____
City: _____ State: _____ Zip code: _____
Phone (Business): _____ Phone (Residence): _____
Email: _____

PROJECT DESCRIPTION

Township: _____ Range: _____ Section: _____ Tax Lot(s): _____
Address: _____
Zoning District: _____ Acreage: _____
Pre-Application Meeting Date: _____ File No. _____

REQUIRED SUBMITTALS

- _____ Application Form
- _____ Application Fee
- _____ Findings of Fact demonstrating compliance with the following criteria unless shown to be inapplicable:
 - _____ Sections 17.65.040 and 17.65.050 related to the TOD District
 - _____ Section 17.65.060 and 17.65.070 related to the TOD Corridor
 - _____ Chapter 17.67, Design Standards—TOD District and Corridor
 - _____ Chapter 17.60, General Standards unless superseded by Section 17.65.040 through 17.65.070
 - _____ Section 17.65.050, Table 3 and Chapter 17.64
 - _____ Chapter 17.70 Historic Preservation Overlay
 - _____ Chapter 17.76, for any conditional uses proposed as part of the master plan
- _____ Master Plan (*Include all elements below as described in Section 17.66.030(B)*)
 - _____ Introduction
 - _____ Site Analysis Map
 - _____ Transportation and Circulation Plan
 - _____ Site Plan
 - _____ Recreation and Open Space Plan
 - _____ Building Design Plan
 - _____ Transit Plan
 - _____ Environmental Plan
- _____ Mailing Labels for all properties within 250 -foot perimeter of project

I HEREBY STATE THAT THE FACTS RELTED 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 _____ Authorized Agent of Project Site Owner

Signature _____ Date: _____

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

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Completion Date: _____ File No. _____ 120-Day Rule: _____ Wetlands: _____

