



CONDITIONAL USE PERMIT APPLICATION
City of Central Point Planning Department

DATE STAMP
FOR OFFICE USE ONLY

APPLICANT INFORMATION:

Name: JON BATES
Address: 2456 Anguine Ave
City: Medford State: OR Zip Code: 97504
Telephone: Business: 541-423-2979 Residence: 253-414-3486
E-mail Address: admissions_carp@gmail.com

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: Shepherd of the Valley Catholic Church
Address: 600 Beebe Rd
City: Central Point State: OR Zip Code: 97502
Telephone: Business: 541-664-1050 Residence:

PROJECT DESCRIPTION:

Township: 37 Range: 2W Section: 02 Tax Lot(s): 3100
Township: Range: Section: Tax Lot(s):
Zoning District: Civic
Total Acreage: 5.49 total acreage

Pre-application File No.: PRE-22062

NOTE: For Type III Applications, a pre-application meeting is required.

REQUIRED SUBMITTALS:

- Application Form
Application Fee (See Current Fee Schedule)
Legal Description
Written Authority from Property Owner if Agent in application process
A scale drawing of the site and improvements proposed (3 copies)
Reduced copy of drawing of site and proposed improvements (8 1/2 x 11)
Mailing labels for all properties within 250 foot perimeter of project
Findings of Fact demonstrating compliance with Chapter 17.76.040

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: Jon Bates Date: 9/6/23
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:
120th Day for Land Use or Limited Land Use Decision:
Wetlands Check: