

**Annexation
Property Owner Application**

CITY OF THE DALLES
Community Development Department
313 Court Street
The Dalles, OR 97058
(541) 296-5481, ext. 1125
Fax (541) 298-5490

Date Filed _____
File# _____
Date Deemed Complete _____
Hearing Date _____
Approval Date _____
Permit Log # _____
Other Cross Reference# _____

APPLICANT

Name _____

Address _____

Telephone # _____

Email Address: _____

LEGAL OWNER (if different from applicant)

Name _____

Address _____

Telephone # _____

Email Address _____

PROPERTY INFORMATION

Address _____

Map and Tax Lot _____

Zone District/Overlay _____

Inside Urban Growth Boundary: Yes _____ No _____

Contiguous to current City Limits: Yes _____ No _____

GENERAL INFORMATION

Describe current use of the property _____

REQUEST:

Describe reason for requesting annexation _____

Signature of Applicant(s)/Owner(s)

Signature of Property Owner(s) or Agent

PLANNING APPROVAL: _____