



City of The Dalles
Community Development Department
 313 Court Street
 The Dalles, OR 97058
 (541) 296-5481, ext. 1125
 www.thedalles.org

Application #: _____
 Filing Fee: _____
 Receipt #: _____
 Deemed Complete: _____
 Ready to Issue: _____
 Date Issued: _____

Office Hours -

Mon, Tues, Wed, Fri: 8:00 am - 5:00 pm | Thurs: 8:00 am - Noon

Land Use Application

- | | | | |
|---|--|---|--|
| <input type="checkbox"/> Building Permit | <input type="checkbox"/> Demolition | <input type="checkbox"/> Physical Constraints | <input type="checkbox"/> Change of Use |
| <input type="checkbox"/> Property Line Adjustment | <input type="checkbox"/> Minor Partition / Tract Map | <input type="checkbox"/> Adjustment | |

Applicant

Name: _____
 Address: _____

 Phone #: _____
 Email: _____

Legal Owner (if different than Applicant)

Name: _____
 Address: _____

 Phone #: _____
 Email: _____

Property Information

Address: _____ Map and Tax Lot: _____
 Project Description: _____

Department Use Only

City Limits: Yes / No Zone: _____ Overlay: _____
 Geohazard Zone: _____ Flood Designation: _____
 Historic Structure: Yes / No Current Use: _____
 Previous Planning Actions: _____

Erosion Control Issues? Access Issues? Utilities and Public Improvements? Items Needing Attention?

Ministerial Administrative PC / URA / HLC / CC | Hearing Date: _____

Application Policy

I certify that I am the applicant or owner identified below. I acknowledge that the final approval by the City of The Dalles, if any, may result in restrictions, limitations, and construction obligations being imposed on this real property. I understand that if the property is owned in part or totality by a trust, partnership, corporation or LLC, I will be required to present legal documentation listing all persons that make-up the entity, as well as proof of my authorization to act on the entity's behalf. I consent and hereby authorize City representative(s) to enter upon my property for any purpose of examination or inspection related to this application. I certify that all information provided is true and correct, and consent to the filing of the application, authorized by my original signature below.

If the undersigned is different from the legal property owner, a notarized letter of authorization signed by the legal property owner must accompany this form.

Signature of Applicant

Signature of Property Owner

_____ Date

_____ Date

Additional Information

Department Comments

Conditions of Approval

Decision

Approved

Denied

Community Development Department

Public Works

_____ Date

_____ Date