

City of Aurora Planning/Development Application

(Check appropriate box)

- | | |
|---|--|
| <input type="checkbox"/> SITE DEVELOPMENT REVIEW (AMC 16.58)
<input type="checkbox"/> FLOOD PLAN DEV. PERMIT (AMC 16.18)
<input type="checkbox"/> HISTORIC OVERLAY DISTRICT (AMC 16.20-16.22)
<input type="checkbox"/> Certificate of Appropriateness
<input type="checkbox"/> Demolition Permit
<input type="checkbox"/> Sign Review
<input type="checkbox"/> MANUFACTURED HOME PARK (AMC 16.36)
<input type="checkbox"/> COMPREHENSIVE PLAN AMENDMENT (AMC 16.80)
<input type="checkbox"/> Text <input type="checkbox"/> Map
<input type="checkbox"/> ZONING ORDINANCE AMENDMENT (AMC 16.80)
<input type="checkbox"/> Text <input type="checkbox"/> Map | <input type="checkbox"/> CONDITIONAL USE (AMC 16.60)
<input type="checkbox"/> VARIANCE (AMC 16.64)
<input type="checkbox"/> HOME OCCUPATION (AMC 16.46)
___ Type I ___ Type II
<input type="checkbox"/> NON-CONFORMING USE (AMC 16.62)
<input type="checkbox"/> LAND DIVISION
<input type="checkbox"/> Subdivision (AMC 16.72)
<input type="checkbox"/> Partition (AMC 16.70)
<input type="checkbox"/> Property Line Adjustment (AMC 16.68)
<input type="checkbox"/> APPEAL TO _____ (AMC 16.74-16.78)
<input type="checkbox"/> OTHER _____ |
|---|--|

APPLICANT GENERAL INFORMATION

Applicant _____ Phone _____

Mailing Address _____

Property Owner _____ Phone _____

Mailing Address _____

Contact person if different than applicant _____ Phone _____

Mailing Address _____

PROPERTY DESCRIPTION

Address _____ Tax Map # _____ Tax Lot # _____

Legal Description (attach add'l sheet if necessary) _____

Total Acres or Sq. Ft. _____ Existing Land Use _____

Existing Zoning _____ Proposed Zoning (if applicable) _____

Proposed use _____

ACTION REQUESTED: (use additional sheets as needed) _____

ATTACHMENTS:

A. Plot plan of subject property- show scale, north arrow, location of all existing and proposed structures, road access to property, names of owners of each property, etc. Plot plans can be submitted on tax assessor maps which can be obtained from the tax assessor's office in the Marion County Courthouse, Salem OR.

B. Legal description of the property as it appears on the deed (metes and bounds). This can be obtained at the Marion County Clerk's office in the Marion County Courthouse, Salem OR.

ADDITIONAL INFORMATION

In order to expedite and complete the processing of this application, the City of Aurora requires that all pertinent material required for review of this application be submitted at the time application is made. If the application is found to be incomplete, review and processing of the application will not begin until the application is made complete. The submittal requirement relative to this application may be obtained from the specific sections of the Aurora Municipal Code pertaining to this application. If there are any questions as to submittal requirements, contact the City Hall prior to formal submission of the application.

In submitting this application, the applicant should be prepared to give evidence and information which will justify the request and satisfy all the required applicable criteria. The filing fee deposit must be paid at the time of submission. This fee in no way assures approval of the application and is refundable to the extent that the fee is not used to cover all actual costs of processing the application.

I certify that the statements made in this application are complete and true to the best of my knowledge. I understand that any false statements may result in denial of this application. I understand that the original fee paid is only a deposit and I agree to pay all additional actual costs of processing this application, including, but not limited to, all planning, engineering, City attorney and City administration fees & costs. I understand that no final development approval shall be given and/or building permit shall be issued until all actual costs for processing this application are paid in full.

Signature of Applicant

Date

Signature of Property Owner

Date

Office Use Only: Received By: _____		Date: _____		Fee Paid \$ _____	
Receipt # _____	Case File # _____	Planning Director Review		Date: _____	
Last updated 6-14-2010					