



DEVELOPMENT PERMIT APPLICATION

Urban Design & Planning
 1333 NW Eastman Pkwy., Gresham, Oregon 97030
 Phone: (503) 618-2780 Fax: (503) 618-2224
 www.greshamoregon.gov/udp/development-planning

File #:

Planner:

APPLICANT INFORMATION (Please type or print in dark ink)

Please contact the Representative/Contact listed for additional Information.

Yes No

Name of Applicant

Name of Representative/Contact

Name of Firm

Name of Firm

If **No** checked, applicant listed will be contacted.

Mailing Address

Mailing Address

Project #**Work Order #**

City, State, Zip

City, State, Zip

PROCEDUREType I Type III

Phone

Fax

Phone

Fax

Type II Type IV

E-mail

E-mail

Pre-App #**SITE**

State ID#

Land Use Designation

PROPOSAL:

Assessor's R# (9 digits)

Special Purpose Districts

Site Address/Location

Site Size

ATTACHMENTS

- Narrative description (see checklist)*
- Plans, maps, special reports (see checklist)*
- Proof of ownership (deed to all properties)
- Neighborhood Proof of Meeting
- Fee
- Submittal Checklist

ALL SUBMITTALS MUST BE IN COMPLETED, FOLDED PACKETS.

(rolled plans will NOT be accepted)

PREVIOUS ACTIONS:**YOUR APPLICATION MAY NOT BE ACCEPTED IF ALL ABOVE ATTACHMENTS ARE NOT INCLUDED.**

- Notarized Letter of Authorization, if no owner signature below

* When completeness review is complete, the planner will advise applicant the number of additional plans/narratives needed for further processing. Please refer to the Submittal Checklist given to you at your Pre-Application Conference or call the Permit Center at 503-618-2780 for additional information.

By signing, I/we authorize the City of Gresham employees, Hearings Officer, Planning Commissioners, Design Commissioners and all other City of Gresham officers, agents, authorized representatives and/or independent contractors to enter the site described above for inspection of site in conjunction with this land use application.

NOTARIZED SIGNATURESState of Oregon
County of Multnomah

Signed and sworn to (or affirmed) before me on _____, 20__

by _____ as _____ of _____.

X

X

Applicant Signature

Representative Signature
(if signing on behalf of owner)

Notary Stamp

Notary Signature:

My Commission Expires:

APPLICATION FEES

Submitted To:

Date Paid:

Total Non-refundable Fee \$