



Community Development Department
PO Box 2460 16345 Sixth Street
La Pine, Oregon 97739
Phone: (541) 536-1432 Fax: (541) 536-1462
Email: info@lapineoregon.gov

Initiation of Use Application

PLEASE NOTE: INCOMPLETE APPLICATIONS *WILL NOT BE ACCEPTED*

File Number # _____

PROPERTY OWNER AND APPLICANT INFORMATION

Applicant Name _____ Phone _____ Fax _____

Address _____ City _____ State _____ Zip Code _____

Email _____

Property Owner _____ Phone _____ Fax _____

Address _____ City _____ State _____ Zip Code _____

Email _____

PROPERTY DESCRIPTION

Property Location (address, intersection of cross street, general area) _____

Map and Tax Lot Numbers _____

Present Zoning _____ Total Land Area _____ (Square Ft.) _____ (Acres)

Present Land Use _____



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PREVIOUS LAND USE DECISIONS

Previous Land Use File(s): _____

Previous Land Use Expiration(s): _____

Previous Extensions Granted: _____

Previous Extension(s) Expiration: _____

Detailed Description of Work Completed: (attach photos and cost of improvements)

PROFESSIONAL SERVICES

Architect/Designer/Engineer _____ Phone _____ Fax _____

Address _____ City _____ State _____ Zip Code _____

Email _____

FOR OFFICE USE ONLY

Date Received: _____

Rec'd By: _____

Fee Paid: _____

Receipt #: _____



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SUBMITTAL REQUIREMENTS

REQUIRED ITEMS TO BE SUBMITTED FOR CONDITIONAL USE PERMIT REVIEW.

Note: additional information may be required depending on the actual project.

- Application. The application must be completed and signed by the property owner and include information requested on the application form
- Title report or subdivision guarantee, including legal description of property
- Fee Paid
- Copies of Previous Land Use decisions and any extensions
- Written summary of request and details of work completed
- Electronic Copy of submitted materials

Owner: _____ Date: _____
Signature

Applicant: _____ Date: _____
Signature

Please note: additional information may be required by the Planning Division prior to the application being deemed complete.