



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

Request for Variance Application

File Number: _____

Name: _____ Phone Number: _____

Mailing Address: _____ City: _____

State: ____ Zip: _____ Email Address: _____

PROJECT DESCRIPTION

Property Address: _____

Tax Lot: _____ Section: _____ Lot Numbers: _____

Zone: _____

Present Use: Commercial ____ Industrial ____ Residential ____ Vacant ____ Other ____

Briefly describe the variance requested (attach description if needed):

PROFESSIONAL SERVICES

Architect/Designer/Engineer: _____

Address: _____ City: _____ State: ____ Zip Code: _____

E-mail Address: _____

Phone Number: _____ Fax Number: _____

PLEASE SUBMIT THE FOLLOWING WITH THIS APPLICATION



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- **Vicinity Map** (A tax lot map is acceptable)
- **Site Plan** (Conceptual or actual)
 - All existing buildings, parking, landscaped areas, curbs, and sidewalks
 - All known utility locations: power, sewer, water, and fire hydrant(s)
 - Lot boundaries and sizes for all existing and proposed lots
 - Street name(s) and location(s) adjacent to the site
 - Neighboring zones and uses (i.e. residential, vacant, commercial, etc.)
- **Burden of Proof** (Conceptual or actual)
 - Utilizing section 15 of Zoning Ordinance Criteria
- **Proof of ownership**
 - Copy of Title showing ownership

Applicant Signature

Date

Property Owner Signature (if different)

Date

FOR OFFICE USE ONLY

Date Received: _____

Rec'd By: _____

Fee Paid: _____

Receipt #: _____