



City of La Pine
16345 Sixth St.
PO Box 2460
La Pine, OR 97739
541-536-1432

Zoning Permit Application

File Number: _____

Owner Name: _____ Phone Number: _____

Applicant Name: _____ Phone Number: _____

Mailing Address: _____ City: _____

State: ____ Zip: _____ Email Address: _____

PROJECT DESCRIPTION

Property Address: _____

Tax Map & Lot Number(s): _____

Zoning District: _____ Total Land Area: _____

Present Use: _____

Proposed Use: _____

Project Description: _____

PROFESSIONAL SERVICES

Architect/Designer/Engineer: _____

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

E-mail Address: _____

Phone Number: _____ Fax Number: _____

PLEASE SUBMIT THE FOLLOWING WITH THIS APPLICATION

- **Vicinity Map** (A tax lot map is acceptable)
- **Site Plan: 2 hard copies + electronic copy**
 - All existing buildings, parking, landscaped areas, curbs, and sidewalks
 - All known utility locations: power, sewer, water, and fire hydrant(s)
 - Lot boundaries, building setbacks and lot coverage
 - Street name(s) and location(s) adjacent to the site
 - Site access(es)
 - Neighboring zones and uses (i.e. residential, vacant, commercial, etc.)

- **Burden of Proof**

Written narrative responding to the following criteria:

- a. The proposed use is a principal use in the zone in which the site is located.
- b. The site provides the required number of bicycle and vehicle parking.
- c. The proposal complies with any specific criteria applicable to the proposed use.
- d. The proposal does not violate applicable set back or lot coverage requirements.
- e. The proposal complies with any applicable conditions of approval in prior land use decisions concerning the site.

To the best of my knowledge, all statements and information contained in this application and attached exhibits are true and correct.

Applicant Signature

Date

Property Owner Signature (if different)

Date

FOR OFFICE USE ONLY

Date Received: _____

Rec'd By: _____

Fee Paid: _____

Receipt #: _____