	CANT (may be filled in electronically by tabbing to each field)
1. Applicant Name/Property Owner: JOSEPH P	
	ed .
City, State, Zip: SNEM, OR 9730) 4
Telephone: (603) 551-7731	
2. Property Information:	~~?~~~~~~~~~~
County: POLK	Tax Lot No.: 073W19CD 05000
Township: Range	e: Section:
Physical Address: 58 365 AVE NO	ω
Block:	Lot:
3. This proposed facility is for:	
An individual, single-family dwelling.	
_	ness, or facility and the provided services or products:
	Products:
4. Permit or approval being requested:	,
_	☐ New Construction ☐ Repair ☐ Alteration
Non-water – carried facility requests (for examp	
	ment of dwelling Bedroom addition
Other changes in land use involving potential s	
	BY CITY OR COUNTY PLANNING OFFICIAL tial Zoning Minimum Parcel Size:
_	
6. The facility is located: inside city limits	inside UGB uutside UGB
If inside UGB, the proposed facility is subject to: City jurisdiction County jurisdi	ction X Shared City/County jurisdiction
Does the proposed facility comply with all applicab If you answered "Yes" above, was this compliance	
	e plans and land use requirements (provide a citation to the
applicable provisions)	The state of the s
Conditional approval (provide findings and cit	ation or attach a copy of the applicable land use decision)
Maggues 40 maison (nearida Danautmant of I a	and Conservation and Davalanment annuarial acceptance
☐ Measure 49 waiver (provide Department of La	and Conservation and Development approval number)
	and Conservation and Development approval number) decision or attach findings of fact:
Either provide reasons for affirmative compliance	
Either provide reasons for affirmative compliance	
Either provide reasons for affirmative compliance	