

Land Use Compatibility Statement

Section 1 – To be completed by the applicant

1A. Applicant Name:

Contact Name:

Mailing Address:

City, State, Zip:

Telephone:

Tax Account #:

1B. Project Name:

Physical Address:

City, State, Zip:

Tax Lot #:

Township: Range: Section:

Latitude:

Longitude:

1C. Describe the project, include the type of development, business, or facility and services or products provided (attach additional information if necessary):

1D. Check the type of DEQ permit(s) or approval(s) being applied for at this time.

- | | |
|---|--|
| <input type="checkbox"/> Air Quality Notice of Construction | <input type="checkbox"/> Clean Water State Revolving Fund Loan Request |
| <input type="checkbox"/> Air Contaminant Discharge Permit | <input type="checkbox"/> Wastewater/Sewer Construction Plan/ Specifications (includes review of plan changes that require use of new land) |
| <input type="checkbox"/> Air Quality Title V Permit | <input type="checkbox"/> Water Quality NPDES Individual Permit |
| <input type="checkbox"/> Air Quality Indirect Source Permit | <input type="checkbox"/> Water Quality WPCF Individual Permit (for onsite construction-installation permits use the DEQ Onsite LUCS form) |
| <input type="checkbox"/> Parking/Traffic Circulation Plan | <input type="checkbox"/> Water Quality NPDES Stormwater General Permit (1200-A, 1200-C, 1200-CA, 1200-COLS, and 1200-Z) |
| <input type="checkbox"/> Solid Waste Land Disposal Site Permit | <input type="checkbox"/> Water Quality General Permit (all general permits, except 600, 700-PM, 1700-A, and 1700-B when they are mobile) |
| <input type="checkbox"/> Solid Waste Treatment Facility Permit | <input type="checkbox"/> Water Quality 401 Certification for federal permit or license |
| <input type="checkbox"/> Solid Waste Composting Facility Permit (includes Anaerobic Digester) | |
| <input type="checkbox"/> Conversion Technology Facility Permit | |
| <input type="checkbox"/> Solid Waste Letter Authorization Permit | |
| <input type="checkbox"/> Solid Waste Material Recovery Facility Permit | |
| <input type="checkbox"/> Solid Waste Energy Recovery Facility Permit | |
| <input type="checkbox"/> Solid Waste Transfer Station Permit | |
| <input type="checkbox"/> Waste Tire Storage Site Permit | |
| <input type="checkbox"/> Pollution Control Bond Request | |
| <input type="checkbox"/> Hazardous Waste Treatment, Storage or Disposal Permit | |

This application is for: ☐ Permit Renewal ☐ New Permit ☐ Permit Modification ☐ Other:

Section 2 – To be completed by city or county planning official

Applicant name:	Project name:
<p>Instructions: Written findings of fact for all local decisions are required; written findings from previous actions are acceptable. For uses allowed outright by the acknowledged comprehensive plan, DEQ will accept written findings in the form of a reference to the specific plan policies, criteria, or standards that were relied upon in rendering the decision with an indication of why the decision is justified based on the plan policies, criteria, or standards.</p>	
2A. The project proposal is located: <input type="checkbox"/> Inside city limits <input type="checkbox"/> Inside UGB <input type="checkbox"/> Outside UGB	
2B. Name of the city or county that has land use jurisdiction (the legal entity responsible for land use decisions for the subject property or land use):	
2C. <input type="checkbox"/> This project is not within the jurisdiction of any other land use, zoning, or planning entity <input type="checkbox"/> This project is also within the jurisdiction of the following land use, zoning, or planning entity _____	
2D. Is the activity allowed under Measure 49 (2007)? <input type="checkbox"/> No, Measure 49 is not applicable <input type="checkbox"/> Yes, if yes, then check one:	
<input type="checkbox"/> Express; approved by DLCD order #:	
<input type="checkbox"/> Conditional; approved by DLCD order #:	
<input type="checkbox"/> Vested; approved by local government decision or court judgment docket or order #:	
2E. Is the activity a composting facility?	
<input type="checkbox"/> No <input type="checkbox"/> Yes; Senate Bill 462 (2013) notification requirements have been met.	
2F. Is the activity or use compatible with your acknowledged comprehensive plan as required by OAR 660-031? Please complete this form to address the activity or use for which the applicant is seeking approval (see 1.C on the previous page). If the activity or use is to occur in multiple phases, please ensure that your approval addresses the phases described in 1C. For example, if the applicant's project is described in 1C. as a subdivision and the LUCS indicates that only clearing and grading are allowed outright but does not indicate whether the subdivision is approved, DEQ will delay permit issuance until approval for the subdivision is obtained from the local planning official.	
<input type="checkbox"/> The activity or use is specifically exempt by the acknowledged comprehensive plan; explain:	
<input type="checkbox"/> Yes, the activity or use is pre-existing nonconforming use allowed outright by (provide reference for local ordinance):	
<input type="checkbox"/> Yes, the activity or use is allowed outright by (provide reference for local ordinance):	
<input type="checkbox"/> Yes, the activity or use received preliminary approval that includes requirements to fully comply with local requirements; findings are attached.	
<input type="checkbox"/> Yes, the activity or use is allowed; findings are attached.	
<input type="checkbox"/> No, see 2D. above, activity or use allowed under Measure 49; findings are attached.	
<input type="checkbox"/> No, (complete below or attach findings for noncompliance and identify requirements the applicant must comply with before compatibility can be determined): Relevant specific plan policies, criteria, or standards:	
Provide the reasons for the decision:	
Additional comments (attach additional information as needed):	
Planning Official Signature:	Title:
Print Name:	Telephone #: Date:
If necessary, depending upon city/county agreement on jurisdiction outside city limits but within UGB:	
Planning Official Signature:	Title:
Print Name:	Telephone #: Date:

Alternative formats

DEQ can provide documents in an alternate format or in a language other than English upon request. Call DEQ at 800-452-4011 or email deqinfo@deq.state.or.us.