

PLANNING COMMISSION APPLICATION
CITY OF LAKESIDE
P.O. BOX L
LAKESIDE, OR 97449
PHONE: 541 759-3011
FAX: 541 759-3711

APPLICATION FOR: () SUBDIVISION () PARTITION

If subdivision: Name of Subdivision _____
Address _____
Phone _____

Date Paid: _____ Receipt Number _____ Fee: \$ _____

() Approved on _____ () Denied on _____

Stipulation (if applicable): _____ is my authorized agent to prepare and submit this application.

Owner's signature

Owner or Applicant _____
Address _____
City, State, Zip _____
Phone _____

Signature of Owner or Authorized agent

Description of property: Lot _____ Block _____ Addition _____
Map Number _____ Township _____ Range _____ Section _____ Tax Lot _____
(Attach copy of map and deed) Tax Account Number _____ Lot size _____
Covenants or Deed Restrictions of property _____

Number of lots sold from same tract ____ Zoning classification of property _____
Describe any variance or conditional use if required _____

Name of existing road or street(s) and recorded easements serving proposed partition

Proposed method of supplying (A) Water _____
(B) Sewer Disposal _____

Statement of any unusual topographical features, if any, with the partition

Authorized City representative and Title
Date _____
