

Tillamook County Department of Community Development

1510-B Third Street. Tillamook, OR 97141 | Tel: 503-842-3408 Fax: 503-842-1819

www.co.tillamook.or.us

OFFICE USE ONLY

Date Stamp

PLANNING APPLICATION

Applicant □ (Check Box if Same as Property Owner) Name: Phone:				
Name:	Pnone:		-	
Address:	C+-+-	7:		
City:	State:	Zip:	_	proved \square Denied
Email:			Receiv	red by:
Property Owner Name:			Recei	t No:
	Phone:		Fees:	
Address:			Permi	
City:	State:	Zip:	– 851- _–	PLNG
Email:	Juic.	Δ.β.		
Request:				
request.				
		- .		
		Type I		
		ne Hazard Report Review		
	☐ Extension of Ti			
	☐ Final Plat Appr			
	☐ Geologic Haza			
	☐ Land Use Com	patibility Statement		
	Land Use Verif	ication Letter		
	Preliminary Pla	at Time Extension		
	☐ Replacement D	Welling in Resource Zone		
	☐ Review for Dw	elling in Resource Zone		
ocation:				
Site Address:				
Map Number:				
Township	Range		Section	Tax Lot(s)
Clerk's Instrument #:				
Authorization				
				-h-II h
his permit application does no				
obtaining any other necessary f				ntormation submitted i
complete, accurate, and consist	tent with other inforn	nation submitted with this a	pplication.	
Property Owner Signature (Required)				Date
roperty Owner Signature (Required)				Date