



ZONING PERMIT APPLICATION

Applicant ☐ (Check Box if Same as Property Owner)

Name: _____ Phone: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Property Owner

Name: _____ Phone: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Location:

Site Address: _____

Map Number: _____

Township

Range

Section

Tax Lot(s)

Description of Work/Project Proposal:

Size of Structure

Dimensions: _____ Height: _____

of Dwelling Units: _____ Living Area Sq. Ft: _____

Deck/Porch Sq. Ft: _____ Garage/Utility/Storage Sq. Ft: _____

Lot Coverage: _____

Some zones have a lot coverage requirement

Proposed Setbacks for Development:

Front Yard: _____ Rear Yard: _____

Right Side: _____ Left Side: _____

River/Estuary/Creek _____ Adjacent Resource Zone: _____

Slope: _____ Other: _____

Authorization

This permit application does not assure permit approval. The applicant and/or property owner shall be responsible for obtaining any other necessary federal, state, and local permits. If approved, this application is valid for one (1) year from the date of approval. The applicant verifies that the information submitted is complete, accurate, and consistent with other information submitted with this application.

Legally Authorized Signature

Date

OFFICE USE ONLY

Date Stamp

☐ Approved ☐ Denied

Received by: _____

Receipt #: _____

Fees: _____

Permit No: _____

851-____ - _____ -PLNG



ZONING REVIEW

Permit #: 851-26-

Proposed Land Use

Zoning:	Overlays:
Size (Acres):	Parking Spaces: (R): (P):
Lot Coverage:	Small Lot: ☐ Section 4.100 ☐ Section 4.110
GHZ:	Flood Zone:
Other:	

	(R) – Required	(A) – Allowed	(P) - Proposed
Setbacks:	☐ Standard ☐ Corner ☐ Through ☐ Irregular		
Front Yard (R):	Rear Yard (R):	Left Side (R):	Right Side (R):
(P):	(P):	Yard (P):	Yard (P):
Riparian Setback (R):		Riparian Setback (P):	
OSL Setback:		Building Height (A):	(P):
Per section 3.085: OSL setback may vary		Neskowin zoning measures height differently	

Access:	☐ Public/Private:		
Water Supply:	☐ Public/Private:	☐ Well	☐ Creek/Spring
Wastewater Disposal:	☐ Sewer:	☐ Approved On-Site Disposal	
Fire Service:			

Land Use Approvals:

Conditions of Approval

Approved By: _____ Date: _____ Expiration Date: _____

Additional Comments: _____
