

Tillamook County Department of Community Development

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

OFFICE USE ONLY

Date Stamp

www.co.tillamook.or.us

PRE-APPLICATION MEETING FORM

Name:	Phone:			
Address:				
City:	State:	Zip:	Received	
Email:		2.0.	Receipt	#:
Lindii.			Fees:	1.
Property Owner			Permit N 851-	
Name:	Phone:		821	PLNG
Address:				
City:	State:	Zip:		
Email:				
Location:				
Site Address:				
Map Number:				
Town	nship Range		Section	Tax Lot(s)
Zoning:			Sq. Ft/ Acreage:	
-				
Proposal: Attach ONE scale site p	plan of the project, including		n arrow, existing bu	ildings, setbacks,
Proposal: Attach ONE scale site p	plan of the project, including out the proposed project as		n arrow, existing bu	ildings, setbacks,
and as much detail abo	out the proposed project as of any other individuals who	can be provided.		
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Proposal: Attach ONE scale site pand as much detail about the names of relationship to the pro	out the proposed project as of any other individuals who	can be provided. will be attending t	he pre-application	conference and their
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To assist Staff conducting the nre-an	oplication conference, please note below the names of County Staff with
	nis proposal. Especially in relation to the above questions:
Staff Person	Agency / Department / Division
1	
2	
3	
4	
Staff Use Only	
Assigned Planner:	Scheduled Pre-App:
Planner Notes:	