

DEVELOPMENT REVIEW APPLICATION

For Office Use Only

STAFF CONTACT	PROJECT NO(S).	
NON-REFUNDABLE FEE(S)	REFUNDABLE DEPOSIT(S)	TOTAL

Type of Review (Please check all that apply):

- | | | |
|--|---|--|
| <input type="checkbox"/> Annexation (ANX) | <input type="checkbox"/> Historic Review | <input type="checkbox"/> Subdivision (SUB) |
| <input type="checkbox"/> Appeal and Review (AP) * | <input type="checkbox"/> Legislative Plan or Change | <input type="checkbox"/> Temporary Uses * |
| <input checked="" type="checkbox"/> Conditional Use (CUP) | <input type="checkbox"/> Lot Line Adjustment (LLA) */** | <input type="checkbox"/> Time Extension * |
| <input checked="" type="checkbox"/> Design Review (DR) | <input type="checkbox"/> Minor Partition (MIP) (Preliminary Plat or Plan) | <input type="checkbox"/> Variance (VAR) |
| <input type="checkbox"/> Easement Vacation | <input type="checkbox"/> Non-Conforming Lots, Uses & Structures | <input type="checkbox"/> Water Resource Area Protection/Single Lot (WAP) |
| <input type="checkbox"/> Extraterritorial Ext. of Utilities | <input type="checkbox"/> Planned Unit Development (PUD) | <input type="checkbox"/> Water Resource Area Protection/Wetland (WAP) |
| <input type="checkbox"/> Final Plat or Plan (FP) | <input type="checkbox"/> Pre-Application Conference (PA) */** | <input type="checkbox"/> Willamette & Tualatin River Greenway (WRG) |
| <input type="checkbox"/> Flood Management Area | <input type="checkbox"/> Street Vacation | <input type="checkbox"/> Zone Change |
| <input type="checkbox"/> Hillside Protection & Erosion Control | | |

Home Occupation, Pre-Application, Sidewalk Use, Sign Review Permit, and Temporary Sign Permit applications require different or additional application forms, available on the City website or at City Hall.

Site Location/Address: 4260 KENTHORPE WAY; WEST LINN, OR	Assessor's Map No.: See Narrative
	Tax Lot(s): 21E24BD00300
	Total Land Area: See Narrative

Brief Description of Proposal: **APPLICANT PROPOSES TO EXPAND ITS WATER TREATMENT FACILITIES AT THE ABOVE LOCATION. APPLICATION INCLUDES CUP AND DR. SEE ATTACHED NARRATIVE FOR MORE INFORMATION.**

Applicant Name: ERIC DAY <small>(please print)</small>	Phone: (503) 534-4238
Address: 4101 KRUSE WAY	Email: eday@ci.oswego.or.us
City State Zip: LAKE OSWEGO, OR 97035	

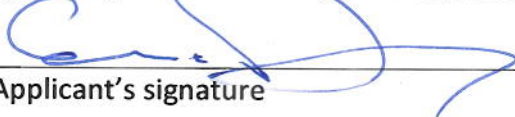
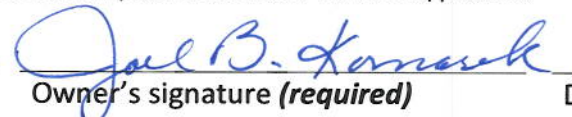
Owner Name (required): JOEL KOMAREK <small>(please print)</small>	Phone: (503) 697-6588
Address: 4101 KRUSE WAY	Email: jkomarek@ci.oswego.or.us
City State Zip: LAKE OSWEGO, OR 97035	

Consultant Name: <small>(please print)</small>	Phone:
Address:	Email:
City State Zip:	

1. All application fees are non-refundable (excluding deposit). **Any overruns to deposit will result in additional billing.**
2. The owner/applicant or their representative should be present at all public hearings.
3. A denial or approval may be reversed on appeal. No permit will be in effect until the appeal period has expired.
4. **Three (3) complete hard-copy sets (single sided) of application materials must be submitted with this application. One (1) complete set of digital application materials must also be submitted on CD in PDF format.**
If large sets of plans are required in application please submit only two sets.

* No CD required / ** Only one hard-copy set needed

The undersigned property owner(s) hereby authorizes the filing of this application, and authorizes on site review by authorized staff. I hereby agree to comply with all code requirements applicable to my application. Acceptance of this application does not infer a complete submittal. All amendments to the Community Development Code and to other regulations adopted after the application is approved shall be enforced where applicable. Approved applications and subsequent development is not vested under the provisions in place at the time of the initial application.

	1/17/12		1/17/12
Applicant's signature	Date	Owner's signature (required)	Date