

City of Weston Planning Application/Authorization

City of Weston
PO Box 579/114 E. Main
Weston, OR 97886
541-566-3313
recorder@cityofwestonoregon.com

Date Received: _____
Application #: _____
Application Fee: _____
Application Received By: _____
Date Completed Application Received: _____

Applicants Name: _____
Business Name: _____
Mailing Address: _____
Phone #: _____

Property Description:

Map #: _____ Lot Size: _____

Tax Lot #: _____ Block #: _____

Physical Address: _____ Zoning: _____
Flood Zone _____

Proof of Ownership: _____

Application Request (Check all that applies):

Building: _____	Minor Partition: _____	Land Use: _____	Landscaping: _____
Fence: _____	Sign: _____	Variance: _____	Temporary Use: _____
Excavation: _____	Conditional Use: _____	Other: _____	
Parking Lot: _____	Driveway Access: _____	Right of Way _____	Flood Zone Y or N

Attachments Required: Detailed Site Plan/Legal Description/Related Studies

Describe Proposal in Detail: **Include type(s) of structures; type(s) of materials; setbacks; and any supporting documentation relevant to the proposal.

I hereby certify that I am the owner or/and authorized agent for the above property and that all projects or activities proposed in this application will conform to all existing Federal, State, County and City laws and any local ordinances. *Note: If an authorized agent you must attach a letter from the legal owner(s) authorizing you to act in this matter.

Signature: _____ Printed Name: _____

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OFFICE USE:

Processing Level: I II III FEMA
State Permits Required When Applicable.

Permit(s) Needed:

Building: ___ Minor Partition: ___ Land Use: ___ Landscaping: ___ Fence: ___

Sign: ___ Variance: ___ Excavation: ___ Temporary Use: ___ Parking Lot: ___

Conditional Use: ___ Driveway Access: ___ Lot Line Adjustment: ___

Swimming Pool/Ponds: ___ Cross Connections: ___ Other: _____

APPROVE: _____ DENIED: _____ Today's Date: _____ Expiration Date: _____

EURFD APPROVAL: _____/Date_____