



City of Florence
Community Development Department
250 Highway 101
Florence, OR 97439
Phone: (541) 997-8237
Fax: (541) 997-4109
www.ci.florence.or.us

Type of Request

☒ **Modification to Planned Unit Development (PUD)** (Florence City Code Title 10, Ch-23)

Applicant Information

Name: Byron Roberts Phone 1: _____
E-mail Address: _____ Phone 2: _____
Address: _____
Signature: _____ Date: 7-28-15
Applicant's Representative (if any): _____

Property Owner Information

Name: S&C Investments, LLC Phone 1: _____
E-mail Address: _____ Phone 2: _____
Address: _____
Signature: _____ Date: 7-28-15
Applicant's Representative (if any): _____

NOTE: If applicant and property owner are not the same individual, a signed letter of authorization from the property owner which allows the applicant to act as the agent for the property owner must be submitted to the City along with this application. The property owner agrees to allow the Planning Staff and the Planning Commission onto the property. Please inform Planning Staff if prior notification or special arrangements are necessary.

For Office Use Only:

Received

Approved

Exhibit

EXHIBIT B

Property Description

Assessor's Map No.: ____ - ____ - ____ - ____ Tax lot(s): _____

Zoning District(s): _____

Conditions & land uses within 300 feet of the proposed site that is one-acre or larger and within 100 feet of the site that is less than an acre OR add this information to the off-site conditions map

(FCC 10-1-1-4-B-3): _____

Project Description

Lot Size: _____ Number of single family ~~lots~~ proposed: 54

Proposed Building Coverage if a PUD: _____

parcels

Is any project phasing anticipated? (Check One): ☐ Yes ☒ No

Timetable of proposed improvements: _____

Proposal: (Describe the project in detail, what is being proposed, size, objectives, and what is desired by the project. Attach additional sheets as necessary)

See attached

For Office Use Only:

Date Submitted: _____ Fee: _____

Received by: _____

Paid