



*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](http://www.ci.florence.or.us)

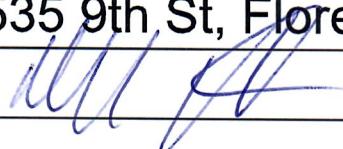
**Type of Request**

**THIS SECTION FOR OFFICE USE ONLY**

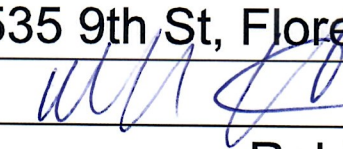
Type I    Type II    Type III    Type IV

Proposal: \_\_\_\_\_

**Applicant Information**

Name: Robbie Wright Phone 1: 541-902-5490  
E-mail Address: robbie@thewright.group Phone 2: \_\_\_\_\_  
Address: 1535 9th St, Florence, OR 97439  
Signature:  Date: 9/27/23  
Applicant's Representative (if any): \_\_\_\_\_

**Property Owner Information**

Name: Stonefield Investments, LLC Phone 1: \_\_\_\_\_  
E-mail Address: \_\_\_\_\_ Phone 2: \_\_\_\_\_  
Address: 1535 9th St, Florence, OR 97439  
Signature:  Date: \_\_\_\_\_  
Applicant's Representative (if any): Robbie Wright

*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

**Property Description**

Site Address: Stonefield Ct

General Description: Final plat and subdivision application, PC 21 29 SUB 02

Assessor's Map No.:   12  -  04  -  44   Tax lot(s): 03800

Zoning District: Medium Density Residential

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): Single family residential

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Project Description**

Square feet of new: \_\_\_\_\_ Square feet of existing: \_\_\_\_\_

Hours of operation: \_\_\_\_\_ Existing parking spaces: \_\_\_\_\_

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

Timetable of proposed improvements: \_\_\_\_\_

Will there be impacts such as noise, dust, or outdoor storage? Yes  No

If yes, please describe: \_\_\_\_\_

\_\_\_\_\_

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 exhibits and "Application Narrative".

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**For Office Use Only:**

Date Submitted: \_\_\_\_\_ Fee: \_\_\_\_\_

Received by: \_\_\_\_\_

Paid