



City of Florence
Community Development Department
250 Highway 101
Florence, OR 97439
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Fax: (541) 997 - 4109
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: _____ Phone 1: _____

E-mail Address: _____ Phone 2: _____

Address: _____

Signature: Careem Shields Date: _____

Applicant's Representative (if any): _____

Property Owner Information

Name: _____ Phone 1: _____

E-mail Address: _____ Phone 2: _____

Address: _____

Signature: _____ Date: _____

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

Property Description

Site Address: _____

General Description: _____

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

Zoning District: _____

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

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)

For Office Use Only:

Date Submitted: _____ Fee: _____

Received by: _____

Paid