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City of Florence

Community Development Department 250 Highway 101

Exhibit

Florence, OR 97439 Phone: (541) 997 - 8237

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: Chris Leturno/A&D Bay Street LLC Phone 1: 541-556-4913 E-mail Address: chris@superiorec.net Phone 2: Address: Eugene, Oregon 97401 Date: 5-20-25 Applicant's Representative (if any): Jed Truett, Metro Planning jed@metroplanning.com **Property Owner Information** Name: (same as applicant) Phone 1: E-mail Address: Phone 2: ___ Address: 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

Property Description		
Site Address:		
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	s:
Is any project phasing anticipated? (Check One): Yes \square No \square		
Timetable of proposed improvements:		
Will there be impacts such as noise, dust, or outdoor storage? Yes \square No \square		
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)		
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For Office Use Only:		
		Paid
Date Submitted: Fe	ee:	
Received by:		