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

THIS SECTION FOR OFFICE USE ONLY

☐ Type I ☐ Type II ☒ Type III ☐ Type IV

Proposal:

Applicant Information

Name: Oregon Coast Humane Society Phone 1: 541-997-4277

E-mail Address: exec.director@oregoncoasthumanesociety.org Phone 2: 541-915-8619 Elizabeth cell

Address: 2840 Rhododendron Dr., Florence OR 97439

Signature: Elizabeth Thompson Date: 8-28-25

Applicant's Representative (if any): Elizabeth Thompson, Executive Director

Property Owner Information

Name: Same as above 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
9/4/25		

Property Description

Site Address: 1193 Bay Street, Florence OR 97439

General Description: extension of approval for a CUP to maintain a temporary storage container

Assessor's Map No.: _ - 18 - 12 - 34 - 12 Tax lot(s): 6900, 7000, 7100

Zoning District: Old Town Area A

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): B&B hotel, residential, restaurant (apts), equipment/construction storage, public park

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: extension of CUP

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)

Container is 10' high, 8' wide, and 20' long - not proposed to be moved

For Office Use Only:

Date Submitted: _____ Fee: _____

Received by: _____

Paid