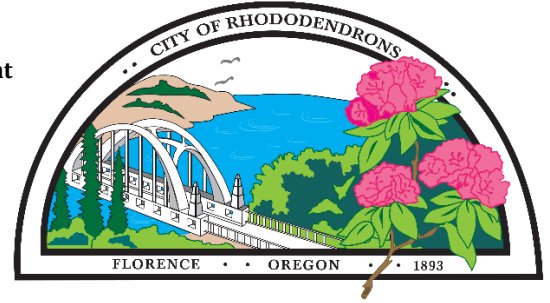


FOR OFFICE USE ONLY
Received

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



Zoning Checklist

Applicant Information

Name: _____ Phone 1: _____ Phone 2: _____
Address: _____ Email Address: _____
Signature: _____ Date: _____

Property Owner Information

Name: _____ Phone 1: _____ Phone 2: _____
Address: _____ Email Address: _____
Signature: _____ Date: _____

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.

Property Information

Site Address: _____
General Description of Proposal & Existing Conditions: _____
Assessor's Map No.: _____ - _____ - _____ - _____ Tax lot(s): _____
Zoning District: _____ Overlay: _____
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): _____

Checklist

	YES	NO	Detail
Property is properly zoned for proposal?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Are required setbacks/coverage met?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Height restrictions/other zoning restrictions met?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Previous land use approvals/conditions of approval?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Pre-existing non-conforming conditions on site?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Site Plan provided?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Work in the right-of-way required?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Change in location of access needed?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Historic building?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Utilities needed?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Vegetation removal required? Tree removal?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Landscaping Plan modifications?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Wetlands/Riparian areas or buffer zones?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Erosion issues, tsunami zones or other hazards?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Clearing, regrading, addition of impervious surface?	<input type="checkbox"/>	<input type="checkbox"/>	_____
New signs or modifications to existing sign?	<input type="checkbox"/>	<input type="checkbox"/>	See FCC 4-7
Meets architectural requirements?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Home Occupation?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Building permits required?	<input type="checkbox"/>	<input type="checkbox"/>	Refer to Building Department
Other			_____

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Type:

Approved: Yes / No | By: / Notes: