

Exhibit B

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230 mgn way 101

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

Fax: (541) 997 - 4109 www.ci.florence.or.us

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Type of Request		
THIS SECTION FOR OFFICE USE ONLY Type I Type II Type IV Proposal:		
Applicant Information		
Name: Deacan Matthe	W Ph	
Signature: Reason Mat Date: 7/01/21		
Applicant's Representative (if any):		
Property Owner Information		
Name: Stephen Kyle t	Phone 1:	
Signature: Stephen Myle Applicant's Representative (if any):	HOUSEMANT THREMS	Date: 7-6-21
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 RECEIVED City of Florence JUL 0 8 2021 By:	Approved	Exhibit

Property Description		
Site Address: 5351 Hwy 101 Florence Or 97439 General Description: Rearrange concrete hims at existing Assessor's Map No.:18-12-14-20 Tax lot(s): 02100 + 00200 Zoning District: Service Andustrial		
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):		
4		
Project Description		
Square feet of new: Square feet of existing:		
Hours of operation: M-F-8:00-5:00 Existing parking spaces: 6		
Is any project phasing anticipated? (Check One): Yes \square No \bowtie		
Timetable of proposed improvements: $\frac{7/5/21-7/30/21}{}$		
Will there be impacts such as noise, dust, or outdoor storage? Yes 🔟 No 🗆		
If yes, please describe: Equipment nows		
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: Fee:		
Received by:		