CITY OF MADRAS – ZONING REVIEW APPLICATION 125 SW E Street, Madras, Oregon 97741 Telephone 541-475-2344

https://www.ci.madras.or.us/

APPLICANT INFORMATION			
Applicant Name (including DBA):		Telephone No.:	
Applicant Contact Address:		Email:	
PROPERTY INFORMATION			
Address of Subject Property:		Tax Lot No.:	
Property Size (sf):		Zoning Designation:	
Building(s) Located on Property: Yes	No □	Year Built:	
Building Size (sf):		Setbacks: Front:	
Building Height:		Rear: Sides:	
Number and Type of Parking Spaces:		0.000	
Point(s) of Access to Property:			
Present Use of Property:			
Proposed Alterations to Property (if app	olicable attach a site	plan in addition to a v	written description):
CERTIFICATION			
The undersigned Applicant hereby declares under penalty of perjury as follows: (a) all information contained in this form is true, accurate, and complete; (b) to the knowledge of Applicant, the property complies with applicable laws and land use regulations; and (c) Applicant authorizes the City to enter the property for the limited purpose of verifying the accuracy of the information contained in this application Applicant Signature: Date:			
	FOR CITY	USE ONLY	
Application Fee Received: Yes □ No □		Receipt No.:	
Associated Land Use File Nos.:		Zoning Designation:	
Use: Permitted □ Conditional □ Special Standards □		Other approvals required: Yes No	
Setbacks: Met □ Not Met □ Nonconforming □		Lot Area: Met Not Met Nonconforming	
Lot Dimension: Met □ Not Met □ Nonconforming □		Landscaping: Met □ Not Met □ Nonconforming □	
Building Height: Met □ Not Met □ Nonconforming □		Design Review: Met □ Not Met □ Nonconforming □	
Lawful Access: Yes No		Parking Standards: Met □ Not Met □ Nonconforming □	
Supplemental decision (create a supplemental decision if any standard is not met, to evaluate special standards, to verify non-conformities, to impose conditions of approval, or to include any supplemental findings): Yes No			
Name:	Signature:	and any supple	Date:
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