



**City of The Dalles**  
**Community Development Department**  
 313 Court Street  
 The Dalles, OR 97058  
 (541) 296-5481, ext. 1125  
 www.thedalles.org

Application #: \_\_\_\_\_  
 Filing Fee: \_\_\_\_\_  
 Receipt #: \_\_\_\_\_  
 Deemed Complete: \_\_\_\_\_  
 Ready to Issue: \_\_\_\_\_  
 Date Issued: \_\_\_\_\_

**Office Hours -**

Monday through Friday: 8:00 am - 5:00 pm

## Land Use Application

- |   |  |   |  |
|---|--|---|--|
| <input type="checkbox"/> Building Permit          | <input type="checkbox"/> Demolition                  | <input type="checkbox"/> Physical Constraints | <input type="checkbox"/> Change of Use |
| <input type="checkbox"/> Property Line Adjustment | <input type="checkbox"/> Minor Partition / Tract Map | <input type="checkbox"/> Adjustment           | <input type="checkbox"/> Fence         |

**Applicant**

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Phone #: \_\_\_\_\_  
 Email: \_\_\_\_\_

**Legal Owner (if different than Applicant)**

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Phone #: \_\_\_\_\_  
 Email: \_\_\_\_\_

**Property Information**

Address: \_\_\_\_\_ Map and Tax Lot: \_\_\_\_\_  
 Project Description: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Department Use Only**

City Limits: Yes / No Zone: \_\_\_\_\_ Overlay: \_\_\_\_\_  
 Geohazard Zone: \_\_\_\_\_ Flood Designation: \_\_\_\_\_  
 Historic Structure: Yes / No Current Use: \_\_\_\_\_  
 Previous Planning Actions: \_\_\_\_\_

Erosion Control Issues? Access Issues? Utilities and Public Improvements? Items Needing Attention?  
 \_\_\_\_\_  
 \_\_\_\_\_

Ministerial     Administrative     PC / URA / HLC / CC | Hearing Date: \_\_\_\_\_

# Application Policy

I certify that I am the applicant or owner identified below. I acknowledge that the final approval by the City of The Dalles, if any, may result in restrictions, limitations, and construction obligations being imposed on this real property. I understand that if the property is owned in part or totality by a trust, partnership, corporation or LLC, I will be required to present legal documentation listing all persons that make-up the entity, as well as proof of my authorization to act on the entity's behalf. I consent and hereby authorize City representative(s) to enter upon my property for any purpose of examination or inspection related to this application. I certify that all information provided is true and correct, and consent to the filing of the application, authorized by my original signature below.

*If the undersigned is different from the legal property owner, a notarized letter of authorization signed by the legal property owner must accompany this form.*

Signature of Applicant

Signature of Property Owner

\_\_\_\_\_ Date

\_\_\_\_\_ Date

# Additional Information

**Department Comments**

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**Conditions of Approval**

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# Decision

Approved

Denied

Community Development Department

Public Works

\_\_\_\_\_ Date

\_\_\_\_\_ Date