CHECKLIST FOR CUSTOMER
Lawful Lot Determination
(LDO Section 10.2.1A)

The following material must be submitted with a request for a lawful lot determination. Check off each item that you have included in your application.

1. **Instrument of Conveyance**: A copy of the recorded, or unrecorded document, sales contract, or other conveyance that describes the boundaries of the property. 
   Met
   Volume _____, Page _____; 
   Official Record (OR) Number ____________; or, 
   Unrecorded Contract Number ____________; and, 
   Date the document was recorded with the County Clerk ____________; or 
   If unrecorded, the date the document was notarized: ________________.

2. **Lease**: A copy of the lease for a period of more than 50 years; 
   Met
   Date the lease was executed ____________________________
   Length of lease period: ________________________________

3. **Tax Lot Creation**: A copy of the document requesting the tax lot creation demonstrating the following: 
   Met
   Date the tax lot was created ____________________________
   For what purpose was the tax lot created ____________________________

4. **Map of Survey**: A copy of the map of survey showing the property in it's current shape. 
   Met
   Date the map of survey was filed with the County Surveyor: ________________
   Date the Property was transferred: ________________________________

5. **Previous parcel recognition**: Copy of the valid land use decision issued by Jackson County Planning. 
   Met
   File number recognizing the property as lawfully established under a previous ordinance: ________________________________
   Land Division file number: ________________________________
   Date of Manufactured Dwelling Park Conversion: ________________________________
   Recording number of Deed establishing the right-of-way: ________________
   Date the adjacent right-of-way was created: ________________________________
   Copy of the document dedicating the lot to the public: ________________________________
   Date lot was dedicated to the public: ________________________________
6. **A to-scale plot plan** (i.e. 1”=100’ or 1”=50’) on 8 ½” x 11” paper is included in this application.
   - The plot plan includes all relevant information outlined on the plot plan instruction form included in the Type 1 application.  
     Met
   - The plot plan shows applicable setbacks are met.
     Front_______ ft. Rear_______ ft. Side_______ ft.  
     Met
   - The plot plan and all components of the required plot plan have been provided.  
     Met
   - Property lines match the current Tax Lot boundaries.  
     Met
   - Acreage / square footage shown.  
     Met
   - Access to / from the maintained road /street/highway shown.  
     Met

7. **Signature:** The cover sheet and the supplemental application are signed.  
   Met

8. **Checklist:** This checklist included with the application.  
   Met
JACKSON COUNTY, OREGON

TYPE 1 APPLICATION

(Please print in black ink, or type all information except where a signature is required)

Legal description of subject property:

Township____ Range____ Section____ Tax Lot____ Acreage____

Township____ Range____ Section____ Tax Lot____ Acreage____

Street Address of the Property: ____________________________________________

What is the Zoning of the Subject Property? __________________________________

Is the purpose of this application to complete a Measure 49 Approval? ☐ YES ☐ NO

NOTE: Applications for review and approval of all development proposals may be initiated by the property owner, purchaser under a recorded land sale contract, condemner who has been granted immediate possession by a court of competent jurisdiction, agent duly authorized in writing, or a public agency.

PROPERTY OWNER: APPLICANT:

At Time Application is Submitted If Other than Property Owner

Name: __________________________ Name: __________________________

Mailing Address: __________________________ Mailing Address: __________________________

City: __________________________ City: __________________________

State: ___________ Zip: ___________ State: ___________ Zip: ___________

Daytime Phone: __________________________ Daytime Phone: __________________________

E-Mail Address: __________________________ E-Mail Address: __________________________

AGENT: OTHER:

If Other than Applicant Specify: __________________________

Name: __________________________ Name: __________________________

Mailing Address: __________________________ Mailing Address: __________________________

City: __________________________ City: __________________________

State: ___________ Zip: ___________ State: ___________ Zip: ___________

Daytime Phone: __________________________ Daytime Phone: __________________________

E-Mail Address: __________________________ E-Mail Address: __________________________

IF AN AGENT, APPLICANT, OR “OTHER” IS ACTING ON BEHALF OF THE OWNER OR PURCHASER, A SIGNED STATEMENT OF OWNER AUTHORIZATION MUST BE SUBMITTED WITH THIS APPLICATION. THIS APPLICATION MUST BE ACCOMPANIED BY AN ACCURATE PLOT PLAN (MAP). SEE USER’S GUIDE FOR ASSISTANCE. THE BURDEN OF PROOF FOR APPROVAL OF AN APPLICATION RESTS WITH THE APPLICANT. YOU MUST PROVIDE DOCUMENTATION REGARDING THE PROPERTY AND APPLICATION CRITERIA IN SUFFICIENT DETAIL AND ACCURACY TO ENABLE THE DEPARTMENT TO FIND THAT YOUR APPLICATION COMPLIES WITH ALL APPLICABLE APPROVAL CRITERIA.
APPLICANT SUPPORTING INFORMATION

Describe your proposal: 

Are Plans Attached? Yes No

THIS APPLICATION IS HEREBY SUBMITTED AND THE STATEMENTS AND INFORMATION HEREFIN CONTAINED ARE IN ALL RESPECTS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

APPLICANT(S):

Print Name: ____________________________ Print Name: ____________________________

Signature: ____________________________ Signature: ____________________________

Date: ____________________________ Date: ____________________________

AGENT: OWNER or CONTRACT PURCHASER:

Print Name: ____________________________ (See Attached Form)

Signature: ____________________________

Date: ____________________________

Note: Additional information may be submitted on 8½ x 11 inch white paper.
APPLICANT'S SUPPORTING INFORMATION

On the following pages, describe how your application complies with the applicable criteria.

BACKGROUND

Requests for “lawful lot or parcel determination” under LDO Section 10.2.1(A) are subject to the Type 1 Review fee. A realtor, title company, surveyor, or professional planning consultant may be of assistance to you in completing this information. Lots or parcels which were established by any of the methods listed in paragraphs (1) through (5) below, at a time when land division approval under the regulations listed in Section 1.7.1 was not required, shall be considered lawfully created.

A) Assessor’s Map Designation of subject property:

Township Range Section Tax Lot Acreage
Township Range Section Tax Lot Acreage

B) For each “tax lot” listed above, attach to this application a copy of the deed card (available from Assessment Drafting, 3rd floor of the Jackson County Courthouse). Of interest is the document that was recorded which first created this parcel in its current configuration.

_____ATTACHED  _____ NOT ATTACHED

LAWFUL CREATION OF LOTS AND PARCELS  (LDO Section 10.2.1(A))

1) Lots or parcels created by filing a final plat for a subdivision or partition approved through the land division procedures established by Ordinance No. 88-18 effective February 13, 1989 are considered lawfully separate lots or parcels.

_____APPLIES, SEE ATTACHED  _____ DOES NOT APPLY, GO TO NEXT ITEM

2) Lots or parcels that were established prior to February 13, 1989 by any of the methods listed below are considered separate, whether or not they received County land division approval, provided the parcels created conformed to dimensional standards including minimum lot size then in effect. Mark any actions that are applicable.

<table>
<thead>
<tr>
<th>√-List</th>
<th>YES</th>
<th>NO</th>
<th>METHOD</th>
</tr>
</thead>
<tbody>
<tr>
<td>#1</td>
<td></td>
<td></td>
<td>Execution of a recorded or unrecorded properly signed and dated conveyance, security document, or contract to convey (not including an earnest money agreement) which clearly describes the tract or parcel(s) to be conveyed and that resulted in creation of a parcel or parcels that conformed to any zoning requirements then in effect. If the document was not recorded, its date of execution must be evidenced by notary acknowledgment or other reliable contemporary documentation signed by a disinterested third party. Documents used to convey ownership of land will not be honored if said conveyance has, in some fashion, been materially altered following its execution.</td>
</tr>
<tr>
<td>#2</td>
<td></td>
<td></td>
<td>Execution of a lease for a period of more than 50 years.</td>
</tr>
</tbody>
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Note: Additional information may be submitted on 8½ 11 inch white paper.
| #3 | Creation of a tax lot on the records of the County Assessor prior to November 10, 1982 (e.g., segregation requests via journal vouchers) when such tax lot was established at a property owner’s request for purposes of land division. |
| #4 | Filing a survey map with the Jackson County Surveyor that clearly indicates the prior existence of the parcel by map or legal description prior to November 10, 1982. In order to be considered separate, substantial evidence must be provided that verifies the property owner’s intent in surveying the parcel was to convey ownership of land. |
| #5 | Parcels recognized pursuant to LDO Section 11.5 (County approval of undersized parcels); or the existing parcel was bisected by a dedicated road right-of-way. (LDO 6.3.5(C)) |

If you marked **YES**, attach a copy of that action, and provide explanation below:

**ANSWER:**


3) What is the current Zoning designation for this property? ____________.

4) What is the current minimum parcel area and lot width requirement for this zone?

   Parcel Area: ________________________________________________

5) The subject parcel complies with these requirements: _____ YES _____ NO

6) What was the Zoning designation for this property when created? ____________

7) What was the minimum parcel area and lot width requirement for this zone when created?

   Parcel Area: _______ Lot Width:__________

8) The parcel complied with these requirements when created: _____ YES _____ NO

**APPLICANTS SIGNATURE:** _________________________________

**AGENT SIGNATURE:** _________________________________

**DEPARTMENT FILE NUMBER:** _________________________________

**Note:** Additional information may be submitted on 8½ 11 inch white paper.