**JACKSON COUNTY, OREGON**

**TYPE 2 APPLICATION**

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

Legal description of subject property:

<table>
<thead>
<tr>
<th>Township</th>
<th>Range</th>
<th>Section</th>
<th>Tax Lot</th>
<th>Acreage</th>
</tr>
</thead>
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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, condemnor who has been granted immediate possession by a court of competent jurisdiction, agent duly authorized in writing, or a public agency.

<table>
<thead>
<tr>
<th>PROPERTY OWNER: AT TIME APPLICATION IS SUBMITTED</th>
<th>APPLICANT: IF OTHER THAN PROPERTY OWNER</th>
</tr>
</thead>
<tbody>
<tr>
<td>NAME:</td>
<td>NAME:</td>
</tr>
<tr>
<td>Mailing Address:</td>
<td>Mailing Address:</td>
</tr>
<tr>
<td>City:</td>
<td>City:</td>
</tr>
<tr>
<td>State: ___________ Zip: ___________</td>
<td>State: ___________ Zip: ___________</td>
</tr>
<tr>
<td>Daytime Phone:</td>
<td>Daytime Phone:</td>
</tr>
<tr>
<td>Email Address:</td>
<td>Email Address:</td>
</tr>
</tbody>
</table>

AGENT:

IF OTHER THAN APPLICANT

| NAME:                                            | NAME:                                  |
| Mailing Address:                                 | Mailing Address:                       |
| City:                                            | City:                                  |
| State: ___________ Zip: ___________              | State: ___________ Zip: ___________     |
| Daytime Phone:                                   | Daytime Phone:                         |
| Email Address:                                   | Email Address:                         |

OTHER:

| NAME:                                            | NAME:                                  |
| Mailing Address:                                 | Mailing Address:                       |
| City:                                            | City:                                  |
| State: ___________ Zip: ___________              | State: ___________ Zip: ___________     |
| Daytime Phone:                                   | Daytime Phone:                         |
| Email Address:                                   | Email 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.
On the following pages, describe how your application complies with the criteria identified as applicable below:

Public Utilities: Tax lot(s) __________________________ is served by:

- an on site septic system
- public sewer (RVSS)
- community sewer
- an on site well
- municipal water
- community water
- phone service
- electric service
- other utilities (e.g., gas)
- __________________________ Irrigation District serves the property.

Please list any easements for access or utilities that benefit or cross the property (attach copies of all applicable easements to your application) __________________________.

PLEASE NOTE: All easements must be identified on plot plans and land division plans submitted for zoning permit review.

APPLICANT SUPPORTING INFORMATION

Describe your proposal: __________________________

Please describe the existing uses on adjacent properties (livestock, orchard, or residential, etc.):

North: __________________________

East: __________________________

South: __________________________

West: __________________________

Type 2 Applications Within Resource Zones (EFU, FR, WR, OSR, AR) (LDO Section 4.2.3)

☐ APPLIES  ☐ DOES NOT APPLY - GO TO “Additional Criteria”

A) If the subject property is within a resource zone, explain why the proposal will not force a significant change in accepted farm or forest practices on surrounding lands devoted to farm or forest use;

Note: Additional information may be submitted on 8 ½ x 11 inch white paper
B) If the subject property is within a resource zone, explain why the proposal will not significantly increase the cost of accepted farm or forest practices on surrounding lands devoted to farm or forest use.

ANSWER: __________________________________________

________________________________________________

________________________________________________

Forest Resource Zone (FR, WR, OSR) (LDO Section 4.3.4) Dwellings and Structures must also comply with the siting standards of LDO Section 4.3.12.

☐ APPLIES ☐ DOES NOT APPLY - GO TO “Additional Criteria”

If the subject property is within a forest zone, explain why the proposal will not significantly increase fire hazard or significantly increase fire suppression costs or significantly increase risks to fire suppression personnel. Further, it must be demonstrated that the use will comply with the fire safety requirements of Section 8.7.

ANSWER: __________________________________________

________________________________________________

________________________________________________

ADDITIONAL CRITERIA

List any additional Criteria, specific to type of use. (Attach extra pages as needed)

☐ Additional criteria findings attached (list): __________________________________________

________________________________________________

☐ No additional criteria are applicable to this application

Note: Additional information may be submitted on 8 ½ x 11 inch white paper
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: ____________________________________________________________
Signature: ______________________________________________________________
Date: _________________________________________________________________

AGENT: ______________________________________________________________
Print Name: ___________________________________________________________
Signature: _____________________________________________________________
Date: _________________________________________________________________

OWNER or CONTRACT PURCHASER: (See Attached Form)

Note: Additional information may be submitted on 8 ½ x 11 inch white paper