



ZONING PERMIT APPLICATION

Permit #

APPLICANT INFORMATION

Owner:		Date:	
Business:		Phone:	
Contractor:		Email:	
Job Address:			Mailing Address:

TYPE OF PERMIT

	Business	Fencing	New Construction
	Commercial Construction	Roofing	Addition
	Residential Construction	Sign	Remodel
	Manufactured Home	Shed	Repair
	Home Occupation	Temporary Property Use	
	Change In Use	Begin Date:	End Date:
			Demolish Type:

FOR OFFICE USE ONLY

Mark for Approval	Notes	Fees	Account #	Amount	
<input type="checkbox"/>	Site Plan (attach)	<input type="checkbox"/>	Zoning Permit	100-440-10	\$35
<input type="checkbox"/>	Parking	<input type="checkbox"/>	Sewer Connection	531-485-20	
<input type="checkbox"/>	Lot Coverage	<input type="checkbox"/>	Water Connection	520-485-20	
<input type="checkbox"/>	Setbacks	<input type="checkbox"/>	Parks Fee	100-485-10	
<input type="checkbox"/>	Lot Size	<input type="checkbox"/>	Temporary Property Use Permit	100-440-10	\$30
<input type="checkbox"/>	Height	<input type="checkbox"/>	TOTAL		
<input type="checkbox"/>	Zoning	<input type="checkbox"/>			

CONDITIONS

Any work not mentioned is not included in the permit. All permits are null and void if construction is not started or is suspended for 90 days. No title search has been made, or will be conducted by the Planning Department. The Planning Department makes no representations as to possible covenants contained within deeds or conveyances.

I hereby certify that the above information is correct and understand that issuance of a permit based on this application will not excuse me from complying with the effective ordinances and resolutions of the City of Milton-Freewater and the statutes of the State of Oregon, despite any errors on the part of the issuing authority in reviewing this application.

NOTE: If a Building Permit is required, please contact State Building Codes at (541) 276-7814.

PLEASE CALL 811 FOR UNDERGROUND UTILITY LOCATES - CALL BEFORE YOU DIG!

OWNER INITIAL

Signature of Owner _____

Date _____

Signature of Contractor _____

Date _____

City Approval _____

Date _____