Subdivision application

TITLE 15.24

City of Cave Junction, PO Box 1396 - 222 W. Lister St., Cave Junction, OR 97523 541-592-2156

Date: ______________ Permit No. ______________

1. Name of applicant: ___________________________ Phone ___________________________

2. Mailing Address: _____________________________

3. Owner (if different) ___________________________ Phone ___________________________

4. Mailing Address: _____________________________

(Attach copy of owners consent if applicable)

5. Property address: _____________________________

6. Assessor’s Map _____________________________ Tax Lot ___________ Zone ___________

7. Name of Subdivision: ___________________________

8. Proposed Land Use: __________________________
   Lot Square Footage
   □ Single Residential (____ #) □ Multiple Residential (____ #)
   □ Commercial (____ #) □ Streets (names & widths)

Proposed Water Source: □ Well □ Community Well □ City
Proposed Sewage Disposal: □ Septic □ City

9. Describe request: ____________________________

10. Site Plan included (no smaller than 11" x 14" + 13 copies) □ Yes □ No □ Map
    □ Parcel dimensions & sq ft of each lot □ North Arrow □ Scale
    □ Streets/Sidewalks/Vehicle access to lots (existing & proposed)
    □ Public & Private Easements, existing & proposed (locations, dimensions & purpose)
    □ Utility locations, existing & proposed (storm drains, sewer/water mains, fire hydrants)
    □ Flood Plain Area (check - JO CO Planning)
    □ Contour lines (elevation) □ Water Courses □ Deed Restrictions
    □ Location of structures (existing & proposed)
    □ Internal motor vehicle circulation plan

11. Vicinity Map (8 1/2" x 11")

12. Existing City Water to Site: □ Yes □ No
    If no, distance to nearest tap location: __________, Footage __________

13. Existing City Sewer to Site: □ Yes □ No
    If no, distance to nearest tap location: __________, Footage __________

**Additional fees will be charged for the performance of any outside professional services required by licensed engineers, or any other services deemed necessary. The fees charged shall be at an amount no more than the actual cost of providing that service.**

Date: ______________ Fee Paid: $ ___________ Receipt No. ______________

Applicant Signature: ____________________________
ACTION TAKEN

PLANNING COMMISSION

1. Date of Public Hearing with the Planning Commission: ____________________

2. The Planning Commission at its regular meeting of: ____________________
   took the following action on this application:
   ☐ Recommended ☐ Not Recommended
   ☐ Tabled ☐ No Conditions
   ☐ Recommended with attached conditions
   Conditions: ____________________

   Reasons for Decisions: ____________________

4. Signed by Chairman: ____________________

CITY RECORDER

5. Date received from Planning Commission: ____________________

CITY COUNCIL

6. A Public Hearing with the City Council was set for (date) _______________

7. The City Council, at its regular meeting of the Public Hearing (date) _______________
   took the following action:
   ☐ Approved ☐ Approved with Conditions ☐ Tabled
   ☐ Disapproved ☐ No Conditions
   Reasons for Council Decisions: ____________________

8. Signed by Mayor: ____________________ Date: ______________

CITY RECORDER

9. Received from Mayor: ____________________

10. Forwarded to Applicant: ____________________

11. Signed by City Recorder/Clerk: ____________________

9/21/07