



City of Silverton
306 South Water Street
Silverton, OR 97381
(503) 874-2207 Fax: (503) 873-3210

FOR OFFICE USE ONLY:

Planning File No. : _____

Date Received: _____ Fee: _____

Land Use Type: II

Received by: _____

CODE INTERPRETATION APPLICATION

Project Name: _____

Applicant:

Name: _____

Mailing Address: _____

Phone Number: _____

Relationship to Property Owner:	_____	Email Address: _____
------------------------------------	-------	----------------------

Applicant's Representative:

Name: _____

Mailing Address: _____

Phone Number: _____

Relationship to Property Owner:	_____	Email Address: _____
------------------------------------	-------	----------------------

Property Owner(s):

Name: _____

Mailing Address: _____

Phone Number: _____

Site Information:

Address: _____

Assessors _____

Map/Taxlot #: _____

Current Use of Site: _____ Zoning Designation: _____

Required Attachments and Information:

Narrative: *(attach separate sheets if needed)*

Briefly describe the nature of the request and why the request is needed:

Authorizing Signatures:

I hereby certify that the information on this application and attachments are correct.

Property Owner(s):

Print or Type	Signature
---------------	-----------

Print or Type	Signature
---------------	-----------

Applicant(s) or Authorized Agent:

Print or Type	Signature
---------------	-----------

Print or Type	Signature
---------------	-----------