FOR	<b>OFFICE</b>	USE	ONLY:

Planning File No. : \_\_\_\_\_

Date Received: \_\_\_\_\_\_Fee:\_\_\_\_\_



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

Land Use Type:	II	

Received by: \_\_\_\_\_

## **ADJUSTMENT APPLICATION**

Project Name:	
Applicant:	
Name:	
Phone Number:	
Relationship to	
Property Owner:	Email Address:
Applicant's Representative:	
Name:	
Phone Number:	
Relationship to	
Property Owner:	Email Address:
Property Owner(s):	
Name:	
Phone Number:	
Site Information:	
Address:	
Assessors Map/Taxlot #:	
	Zoning
Current Use of Site:	Designation:

## **Required Attachments and Information:**

- □ Site Plan. Drawn to scale, in a scale large enough to clearly show the adjustment and containing the following information:
  - Lot dimensions and total lot area.
  - o Location of all existing and proposed structures, including distances to lot lines.
  - Location of all existing or proposed improvements on the site, including driveways, sidewalks, decks, and patios.
  - Abutting streets, whether public or private.
  - o Locations, dimensions, and nature of all easements on the property.
- □ <u>Narrative.</u> Explain the proposal including the intent, nature, and proposed use of the development. In addition, explain how the proposed adjustment meets <u>each and all</u> of the following review criteria in sufficient detail for review and decision-making:
  - 1. The requested adjustment is for ten percent (10%) or less of the numerical development standard.
  - 2. The need for the requested adjustment is created by the configuration of an existing or proposed structure on the site; or
  - 3. The need for the requested adjustment is created by the configuration of the existing lot boundaries or topography of the site.
  - 4. The design and operating characteristics of the proposed structure are reasonably compatible with the placement of surrounding development and land uses, and any negative impacts have been sufficiently minimized.
  - 5. If more than one Adjustment is being requested, the cumulative effect of the adjustments will result in a project which is still consistent with the overall purpose of the applicable zoning district.
- Deeds. A copy of the deed(s) and legal description of the property.
- $\square <u>Mailing List.</u> A certified list prepared by a title company or certified by the Marion County Tax Assessor's office with the names and addresses of all property owners within 500 feet of the subject site. The list shall be formatted to Avery 5160 (1" x 2 5/8") labels for reproducing by the City.$
- Submittal Requirements. For initial staff review five (5) printed copies of the application and attachments shall be submitted. For Planning Commission reviews, an additional seven (7) copies shall be submitted after the application is deemed complete. In addition to the printed copies an electronic copy of the Narrative shall be submitted to the City.

## **Authorizing Signatures:**

I hereby certify that the information on this application and attachments are correct and that the property affected by this application is in the exclusive ownership or control of the applicant, or that the applicant has the consent of all partners in ownership of the affected property. An authorization letter from the property owner has been attached in the event that the owner's signature has not been provided below.

## **Property Owner(s):**

Print or Type	Signature	
Print or Type	Signature	
cant(s) or Authorized Agent:		
Print or Type	Signature	