



**City of Seaside, Planning Department**

989 Broadway, Seaside, OR 97138 (503) 738-7100 Fax (503) 738-8765

**Land Use Application**

Kevin Cupples, Director

PLEASE PRINT OR TYPE

|  |         |          |
|--|---------|----------|
| NAME OF APPLICANT                      | ADDRESS | ZIP CODE |
| STREET ADDRESS OR LOCATION OF PROPERTY |         |          |

|      |               |          |       |         |         |
|------|---------------|----------|-------|---------|---------|
| ZONE | OVERLAY ZONES | TOWNSHIP | RANGE | SECTION | TAX LOT |
|      |               |          |       |         |         |

**PROPOSED USE OF PROPERTY AND PURPOSE OF APPLICATION(S):**

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(PLEASE INCLUDE THE APPROPRIATE PLOT PLAN.  
IF ADDITIONAL SPACE IS NEEDED OR SUPPLEMENTAL INFORMATION IS REQUIRED PLEASE ATTACH)

| OWNER:                       | APPLICANT/REPRESENTATIVE (OTHER THAN OWNER): |
|------------------------------|--|
| PRINT NAME OF PROPERTY OWNER | PRINT NAME OF APPLICANT/REPRESENTATIVE       |
| ADDRESS                      | ADDRESS                                      |
| PHONE / FAX / EMAIL          | PHONE / FAX / EMAIL                          |
| SIGNATURE OF PROPERTY OWNER  | SIGNATURE OF APPLICANT/REPRESENTATIVE        |

**FOR CITY USE ONLY – DO NOT WRITE BELOW THIS LINE**

**CHECK TYPE OF PERMIT REQUESTED:**

- |  |   |  |  |
|--|---|--|--|
| <input type="checkbox"/> CONDITIONAL USE         | <input type="checkbox"/> NON CONFORMING           | <input type="checkbox"/> SUBDIVISION     | <input type="checkbox"/> ZONING CODE AMENDMENT |
| <input type="checkbox"/> LANDSCAPE/ACCESS REVIEW | <input type="checkbox"/> PLANNED DEVELOPMENT      | <input type="checkbox"/> TEMPORARY USE   | <input type="checkbox"/> ZONING MAP AMENDMENT  |
| <input type="checkbox"/> MAJOR PARTITION         | <input type="checkbox"/> PROPERTY LINE ADJUSTMENT | <input type="checkbox"/> VACATION RENTAL | <input type="checkbox"/> APPEAL                |
| <input type="checkbox"/> MINOR PARTITION         | <input type="checkbox"/> SETBACK REDUCTION        | <input type="checkbox"/> VARIANCE        | <input type="checkbox"/>                       |

| PLANNING DEPARTMENT USE:  |             |
|---------------------------|-------------|
| DATE ACCEPTED AS COMPLETE | BY          |
| CASE NUMBER (S)           |             |
| HEARING DATE              | P.C. ACTION |

| OFFICE USE: |         |
|-------------|---------|
| FEE         | RECEIPT |
| DATE FILED  | BY      |
|             |         |