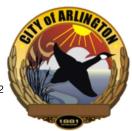
FOR OFFICE USE ONLY

Application #:_	
	_
Date Received:	

(541) 454- 2743 500 W. 1st Street P.O. Box 68 Arlington, OR 97812



City of Arlington

Pre-Application Form

Please fill in the form below, City Staff will then determine the necessary land use actions necessary to complete your project.

PROPERTY OWNER AND APPLICANT INFORMATION

Applicant Na	ime			
Phone				
	ress (if different)			
Email				
Property Ow	ner			
	ress (if different)			
City		State_	Zip Code	
Email				
Location (ad	PROPER dress, intersection, gene	RTY DESCRIPTIO		
 Map #	Township	Range	Section	
Tax Lot(s)				
	Name			

Lot(s)#	Zoning	
Present Land	Use	
	PROJECT DESCR	RIPTION
Describe pro	posed project	
_		
-		
,		
-		
Please su	PLOT bmit a plot plan showing location, in	
	nal or novice sketch of the project mu	
	Position on the lot	Proposed fences/height
	Lot dimensions	Street names accessing lot
	Setbacks	Driveway location
	Proposed structures	Off-street parking
	Existing structures	Utilities
	Existing easements	Flood plain (if applicable)
	Existing fences/height	Cut/fill (if applicable)
Please list an	y specific questions you would like ar	nswered by City Staff
-		
Applicant:	Cianatura	Date:
	Signature	