

Community Development • 500 Central Avenue • Coos Bay, Oregon 97420 Telephone 541.269.1181 • Fax 541.269.8916 • coosbay.org

DEVELOPMENT REVIEW APPLICATION

	For Office U	e only	
STAFF CONTACT	PROJECT NO(s).	SE ONLY	
Type of Review (Please check all that a	• • • •		
Appeal and Review Conditional Use Floodplain Development Home Occupation Legislative/Text Amendment	Lot Line Adjustment Non-Conforming Lots, Uses & Partition Planned Unit Development Sign Review Permit Site Plan and Architectural Re a different application form a	☐ Vacation☐ Variance☐ Zone Change	
Site Location/Address:		Assessor's Map No.:	
		Tax Lot(s):	
Detailed Description of Proposal:		Total Land Area:	
Applicant/Owner Name:		Phone:	
(please print) Address:		Email:	
City State Zip:		Zillall.	
Applicant's Representative:		Phone:	
Address:		Email:	
City State Zip:			
The owner/applicant or their representation 2. A denial or approval may be reversed on 3. Three (3) complete hard-copy sets (single One (1) complete set of digital application of the undersigned property owner(s) hereby authorized.	appeal. No permit will be in e sided) of application mat on materials must also be s	n effect until the appeal period has expire erials must be submitted with this applic ubmitted electronically or on CD in PDF f	ation. ormat.
comply with all code requirements applicable to to the Coos Bay Development Code and to other applications and subsequent development is not	my application. Acceptance of regulations adopted after the a	this application does not infer a complete subm pplication is approved shall be enforced where	ittal. All amendments
Applicant's signature	 Date	Owner's signature (required)	Date