



City of Coos Bay
COMMUNITY DEVELOPMENT
500 Central Avenue, Coos Bay, Oregon 97420
Phone 541-269-8918 Fax 541-269-8916

PRE-APPLICATION

SUBJECT PROPERTY

Street Address/Location: _____

Township _____ Range _____ Section _____ Tax lot # _____

Lot(s) _____ Block: _____ Addition: _____

APPLICANT / OWNER

Name of Applicant: _____

Address: _____ Telephone: _____

Name of Owner: _____

Address: _____ Telephone: _____

PROPOSAL - Provide additional documentation as needed

I understand that the comments provided by staff at the Pre-Application Conference are preliminary in nature, and that additional concerns may be raised, and additional information may be required after a development application has been submitted.

Signature of Applicant or Authorized Agent

Date: _____

APPLICATION FEE: \$

DATE SUBMITTED:

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