



Permit No. ZON20\_\_\_\_-00\_\_\_\_

## City of Coos Bay

### Public Works and Development

500 Central Avenue, Coos Bay, Oregon 97420

Phone 541-269-8918

Fax 541-269-8916

## PROPERTY LINE ADJUSTMENTS

In accordance with Coos Bay Municipal Code, Chapter 17.325 the review of a property line adjustment may, at the discretion of the Public Works and Development Department, be a ministerial review, an administrative review or be referred to the Planning Commission.

A copy of Chapter 17.325 "Alternatives for the Reconfiguration of Property" is attached for your review.

### SUBJECT PROPERTY

Street Address \_\_\_\_\_

Township \_\_\_\_\_ Range \_\_\_\_\_ Section \_\_\_\_\_ Tax lot # \_\_\_\_\_

Lot(s) \_\_\_\_\_ Block \_\_\_\_\_ Addition \_\_\_\_\_

### PROJECT PROPOSED FOR REVIEW

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### OWNER(S) / APPLICANT

Name of Owner(s) \_\_\_\_\_

Address \_\_\_\_\_ Telephone \_\_\_\_\_

Name of Applicant(s) \_\_\_\_\_

Address \_\_\_\_\_ Telephone \_\_\_\_\_

**ADDITIONAL REQUIREMENTS:**

- A. The application form must be signed by the owner(s) of record of the real property addressed in the application or by the duly authorized representative of the owner of record.
- B. A copy of the deed for the properties involved and any covenants, conditions, and restriction applicable to the subject property.
- C. Attach a plot plan drawn to scale showing the following:
  - 1. The existing and proposed property boundaries and dimensions;
  - 2. The footprint of existing structures on the affected properties along with the dimensions, uses, and number of stories for each structure;
  - 3. Location and dimensions of driveways and public and private streets within or abutting the subject properties; and
  - 4. Location and purpose of easements, if applicable.

The above statements are true to the best of my belief and knowledge. As applicant, I understand that the Planning Commission requests the attendance of myself, or my representative at the meeting(s) where this request is scheduled for consideration.

\_\_\_\_\_  
Signature of Owner or Authorized Representative

\_\_\_\_\_  
Date

Filing Fee: \$190.00 - Plus \$25 for each additional  
line adjusted after the first

Date paid: