

City of Rockaway Beach, Oregon
276 S. Highway 101, PO Box 5
Rockaway Beach, OR 97136
(503) 374-1752 FAX (503) 374-0601
www.corb.us • cityplanner@corb.us



Zoning Permit

(# 22 - _____)

Property Owner(s) Name: _____

Mailing Address: _____

Email: _____ Phone Number: _____

Location Information: Situs Address: _____ Zoning _____

Map/Tax Lot: _____ Lot Size _____ Acres Sq. Ft.

Contractor Name: _____ CCB Registration #: _____

Email: _____ Phone Number: _____

Rockaway Beach Business License #: _____ (required)

Proposed Use:

- | | | |
|--|---|---|
| <input type="radio"/> Residential | <input type="radio"/> Commercial | <input type="radio"/> Public |
| <input type="radio"/> SFD (Single Family Dwelling) / Manf. Str | <input type="radio"/> Duplex | <input type="radio"/> Multifamily |
| <input type="radio"/> Addition | <input type="radio"/> Dry Rot Repair | <input type="radio"/> Interior Modification |
| <input type="radio"/> Exterior Remodel | <input type="radio"/> Demo / Removal | <input type="radio"/> Sign Permit |
| <input type="radio"/> Other | <input type="radio"/> Accessory Structure (GPB / Shed / Garage) | |
| <input type="radio"/> Detail work being done: _____ | | |

Additional required Information for New Homes, Additions and/or Interior Remodels. Site Plans must be included to visually show location of work being done. See "Site Plan Example" under forms for additional information. Surveys are required for ALL new homes on Vacant Land and any addition or structure toward a property line.

Living: _____ sq. ft. Unfinished: _____ sq. ft. Garage: _____ sq. ft.
Acc. Str: _____ sq. ft. Deck/Misc.: _____ sq. ft. # Bedroom _____ # Bath _____ # Levels _____

ACTUAL Setbacks: Front Yard _____ ft. Rear Yard _____ ft. Side Yard (A) _____ ft. Side Yard (B) _____ ft.

Building Height: _____ ft. (The vertical distance measured from the average elevation of the grade to the highest point of the roof surface of a flat roof) – **The calculation MUST be included on New Home Construction Plans. To calculate take measurements from grade of each side added together and divide by 4 to get the average height.**

Number of Parking Spaces (Space for one vehicle – 9 x 18) _____ Each Dwelling must provide off street parking for 2 cars. This can be in a garage or driveway. Must be included on site plan and show measurements.

ALL Fees are **NON-REFUNDABLE**. Zoning permits are valid for ONE YEAR. NOTE: THIS IS NOT a building permit, electrical permit, mechanical permit, or plumbing permit. ALL PERMITS must be issued by Tillamook County Community Development to be valid.

I hereby certify that the above information is correct and understand that issuance of a permit based on this application will not excuse me from complying with effective Ordinances and Resolutions of the City of Rockaway Beach and Statues of Oregon, despite any errors on the part of the issuing authority in this application.

Property Owner Signature: _____ Date: _____

OFFICE USE ONLY

Site located: Ocean Front _____ Flood Zone _____ Wetlands _____ Hazard Overlay _____ N/A _____

Details: _____

The above require additional reports / applications to be submitted prior to zoning approval.

Situs Assigned by City: _____ TBD by County (UGB) _____ N/A _____

Planning approved by: _____ Date: _____

See Attached Letter for additional conditions of approval

Public Works approved by: _____ Date: _____

See Attached Letter for additional conditions of approval

Fire Dept approved by: _____ Date: _____

See Attached Letter for additional conditions of approval

Road Access: Passable for Emergency Vehicles Not passable for Emergency Vehicles

Water Supply: Adequate Water Supply for Fire Suppression Not Adequate Water Supply

Applicable Zoning Fees – Permits will not be reviewed until Zoning Fees are paid.

\$ _____ Date: _____ Receipt # _____ By: _____

Check each: Zoning Transportation SDC Other _____

Notes: _____

Service Development Charges (SDC) & Hook Up Fees noted below must be paid before water meter placed

Not Applicable To be paid later

Water SDC / Hook Up \$ _____ Sewer SDC / Hook Up \$ _____ Total \$ _____

Date: _____ Receipt # _____ By: _____