

City of Rockaway Beach, Oregon

276 S. Highway 101, PO Box 5
Rockaway Beach, OR 97136
(503) 374-1752 FAX (503) 355-8221
www.corb.us * cityhall@corb.us



CONDITIONAL USE APPLICATION

Applicant Name: _____

Mailing Address: _____

Email Address: _____

Phone Number: _____

+++++

Owner (If different than applicant): _____

Mailing Address: _____

Email: _____

Phone Number: _____

Property Location:

Map: _____ Tax Lot: _____ Block: _____ Lots: _____

Street Address: _____

Description of Proposal:

Justification of the conditional use request. Explain how the request meets each of the following criteria for granting a conditional use per Rockaway Beach Zoning Ordinance #143, as amended, Article 6, Conditional Uses, Section 6.020, Conditional Use Review Criteria.

- 1. The proposed use is consistent with the policies of the Comprehensive Plan.

2. The location, size, design and operating characteristics of the proposed use are such that the development will have a minimum impact on surrounding properties. This standard is not applicable to multi-family dwellings. Manufactured dwelling subdivisions and manufactured dwelling parks.

3. The use will not generate excessive traffic when compared to the traffic generated by uses permitted outright and adjacent streets have the capacity to accommodate the traffic generated.

4. Public facilities and services are adequate to accommodate the proposed use.

5. The sites physical characteristics in terms of topography and soils is appropriate for the intended use.

6. The site has adequate area to accommodate the proposed use. The site layout has been designed to provide appropriate access points, on site drives, parking areas, loading areas, storage facilities, setbacks, buffers, utilities or other facilities that are required by City ordinances or desired by the applicant.

Note: Use extra sheets, if necessary, for answering the above questions.

Attach a scale drawing showing the dimensions of the property, adjacent street(s), dimensions of existing structure(s) and dimensions of proposed development.

Applicant Signature: _____ Date: _____

Property Owner Signature: _____ Date: _____

If the applicant is other than the owner, the owner hereby grants permission for the applicant to act on his/her behalf.

Please attach the name, address, email, phone number and signature if any additional property owners.

Non-refundable fee (Any additional expenses will be billed accordingly.)

The City of Rockaway Beach is an Equal Opportunity Employer and TTY accessible at <http://www.oregonrelay.com>

FOR OFFICE USE ONLY

Date Received: _____

Received by: _____

Receipt No.: _____

Date of Notice: _____

Notice Published: _____

Public Hearing Date: _____

Granted: _____ Denied: _____

Date of Order: _____

Final Date to Appeal: _____

City Planner Signature: _____ Date: _____