

City of Rockaway Beach, Oregon

276 S. Highway 101, PO Box 5
Rockaway Beach, OR 97136
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MULTI-FAMILY SITING REVIEW APPLICATION

Applicant Name: _____

Mailing Address: _____

Email: _____

Phone Number: _____

Owner Name (if other than applicant): _____

Mailing Address: _____

Email: _____

Phone Number: _____

Property Location:

Map: _____ Tax Lot: _____ Block: _____ Lot(s): _____

Situs Address: _____

Name of Proposed Project: _____

Consisting of _____ acers to be improved to contain _____ units, and proposed to be completed in _____ phases.

Township: _____ Range: _____ Section: _____ Land Use Zone: _____

Please attach a separate page addressing each of the following criteria.

Section 4.043. Multifamily Siting Criteria.

In any zone where a multifamily dwelling is proposed, the Planning Commission shall review the plans under the following criteria:

1. The placement of the structure takes advantage of natural features such as streams, shorelines, or hillsides. Existing trees are retained wherever feasible.
2. Ingress and egress points shall be located to minimize impact on any adjacent residential uses.

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

3. Parking areas are located to minimize impact on ant adjacent residential uses. Parking areas which provide for eight or more vehicles shall be screened from adjacent residential uses by means of a fence or sight-obscuring hedge.
4. A minimum of 25% of the lot area shall be devoted to open space.
5. Where the proposed structure is located in a residential zone the following setbacks shall be met:
 - (a) Front Yard:
 - One- story structure 10 feet
 - Two- story structures 15 feet
 - Three- story structures 20 feet
 - (b) Rear Yard:
 - One-story structure 10 feet
 - Two-story structures 15 feet
 - Three-story structures 20 feet
 - (c) Side Yard:
 - One-story structure 5 feet
 - Two- Story structure 10 feet
 - Three- story structure 15 feet

Attach a scale drawing showing the dimensions of the property, adjacent street(s), dimensions of any existing structures and dimensions of proposed development. Applicant must include with this application ten (10) copies of proposed plans.

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 of any additional property owners.

FOR OFFICE USE ONLY

Multifamily Siting Review Fee is \$ 250.00

Date Received: _____ Receipt No.: _____
 Date of Notice: _____ Notice Published: _____
 Public Hearing(s): _____

Applicant meets criteria and standards as described in the RBZO, Multifamily Siting Criteria, Section 4.043, 1-5.

Yes No

City Planner Signature: _____ Date: _____

Granted: _____ Denied: _____