

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



APPLICATION FOR SUBDIVISION

Applicant Name: _____

Mailing Address: _____

Email: _____

Phone Number: _____

Owner(s) Name (If other than applicant): _____

Mailing Address: _____

Email: _____

Phone Number: _____

Property Location:

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

Situs Address: _____

Name of Proposed Subdivision: _____

Consisting of _____ acers divided into _____ lots, proposed in _____ phases.

Township _____ Range _____ Section _____ Land Use Zone _____

See attached subdivision criteria.

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 twelve (12) 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.

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

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

FOR OFFICE USE ONLY:

Subdivision Fee is \$ 1,000.00 + \$ 20.00 per lot

Appeal Portion is \$ 1,100.00

Date Received: _____ Received By: _____

Fee Paid: _____ Receipt No.: _____

Date of Notice: _____

Notice Published: _____

Public Hearing (s): _____

Applicant meets criteria and standards as described in the Subdivision Ordinance, General Provisions, Sections 1- 10. Yes No

Applicant meets criteria and standards as described in the Subdivision Ordinance, Subdivision, Final Plat, Sections 11- 17. Yes No

City Planner Signature: _____ Date: _____

Granted: _____

Denied: _____

Date of Order: _____

Final Date to Appeal: _____