



City of Rockaway Beach, Oregon

276 S. Highway 101

Mailing Address: PO Box 5

Rockaway Beach, OR 97136

Cityplanner@corb.us Phone (503) 374-1752.

ZONING PERMIT APPLICATION

(# 23 ~ ____)

Property Owner Name(s): _____

Mailing Address: _____

Phone: _____ Email: _____

Applicant Name (if different): _____

Phone: _____ Email: _____

Location Address: _____ or Map and Tax Lot: _____

Work proposed:

- Radio button options: Dwelling (SFD/MS), Duplex, Multifamily, Addition, Interior Modification, Demo / Removal, Accessory Structure, Other - (include details below), Detail work being done: _____

Surveys or 'Find and Flags' are required for new homes, additions or accessory structures moving toward a property line. Surveys to be less than 5 years old.

Required Information for new dwellings or modifications to structure footprints. Site Plans must show location of work being done and all setbacks. See "Site Plan Example" for additional information.

Living: _____ sq. ft. Garage: _____ sq. ft. Acc. Str.: _____ sq. ft. Deck/Misc.: _____ sq. ft.

Bedrooms: _____ # Bath: _____ # Levels: _____ N/A: _____

Setbacks: Front: _____ ft. Rear: _____ ft. Side (A): _____ ft. Side (B): _____ ft. N/A: _____
Setbacks must match site plan.

Building Height: _____ ft. Height must be included on Construction Plans. N/A: _____

Number of Parking Spaces (each 9 x 18): # _____ N/A: _____

New dwellings must provide off street parking for 2 vehicles and be included on site plan.

See next page >>>>>>>>

BY MY SIGNATURE:

1. ALL Fees are NON-REFUNDABLE. Zoning permits are valid for ONE YEAR. THIS IS NOT a building permit, all electrical, mechanical and building permits must be issued by Tillamook County Community Development prior to work being started on site.
2. Incomplete applications will have 30 days after notification of being incomplete to submit the required additional documents or the permit will be considered complete on 31st day and put up for review.
3. I hereby certify that I have read the above information and all 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

Ocean Front:____ Flood Zone:____ Wetlands: _____ <25% Slope: _____ N/A: _____ Zoning: _____

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

Planning approved by: _____ **Date:** _____

See attached letter dated _____ for additional conditions of approval.

Public Works approved by: _____ **Date:** _____

See attached letter dated _____ for additional conditions of approval.

Fire Dept. approved by: _____ **Date:** _____

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

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

See attached letter dated _____ for additional conditions of approval.

Zoning Fees: \$ _____ Date: _____ Receipt #: _____

Zoning Transportation SDC ROW Flood

Received: _____ Application Complete: _____ Incomplete: _____ Deadline for completion: _____

Notes: _____

Service Development Charges & Hook Up Fees

Water \$ _____ Sewer \$ _____ Total \$ _____ Receipt #: _____

To be paid later: _____ N/A: _____