

City of Rockaway Beach, Oregon
276 S. Highway 101, PO Box 5
Rockaway Beach, OR 97136
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ZONING PERMIT

(# 25 -)

- **Location** - Situs Address: _____ Zoning: _____

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

- **Property Owner Name(s)**: _____

Mailing Address: _____

Phone: _____ Email: _____

- **Contractor** (if different): _____ CCB Registration #: _____

Phone: _____ Email: _____

Proposed Use: ☐ Residential ☐ Commercial ☐ Public

Work Proposed: ☐ Single Dwelling (SFD/MS) ☐ Middle Housing ☐ Multiunit

☐ Addition (to existing structure) ☐ Accessory Structure (ADU/ Shed / Garage)

☐ Other ☐ Exterior/interior Modification ☐ Demo / Removal ☐ Commercial Space

Detail work being done: _____

Specifications:

Living: _____ sq. ft. Accessory: _____ sq. ft.

Unfinished: _____ sq. ft. Deck/Misc: _____ sq. ft.

Number of Bedrooms: _____ Number of Baths: _____ Number of Levels/floors: _____

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

Building Height: _____ ft. **Number of Parking Spaces** (9' x 18' each): _____

In this Application, Please Include:

1. Site Plans that visually show location of work being done for New Homes, Additions and/or Accessory Structures.
2. Surveys are required for ALL new homes on Vacant Land and for any Addition or Accessory structure toward a property line.

ALL Fees are NON-REFUNDABLE. Zoning permits are valid for ONE YEAR. 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 Statutes of Oregon, despite any errors on the part of the issuing authority in this application.

Property Owner Signature: _____

Date: _____

OFFICE USE ONLY

Deemed Complete: _____

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

Details: _____

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: \$ _____ Transportation SDC \$ _____ Date: _____ Receipt #: _____

Details: _____

Service Development Charges (SDC) & Hook Up Fees

N/A: _____ Water \$ _____ Sewer \$ _____ Total \$ _____ Receipt #: _____

To be paid later: _____ ***Noted SDC fees must be paid before water meter is placed***