



1995 Third Street
 Baker City, Oregon
 Phone: 541-523-8219, Fax: 541-523-5925

** For Department Use Only	
Date: _____	
APPLICATION TYPE & NUMBER: _____	
Rec'd By: _____	Fee: _____

Original Land Use Approval: _____

Date of Original Land Use Approval: _____

APPLICATION for EXTENSION OF TIME

<u>APPLICANT</u>			<u>PROPERTY OWNER</u>		
➤			➤		
Last Name	First	MI	Last Name	First	MI
➤			➤		
Mailing Address			Mailing Address		
➤			➤		
Physical Address			Physical Address		
➤			➤		
City	State	Zip	City	State	Zip
➤			➤		
Telephone			Telephone		

Property Information

Township _____ Range _____ Section _____ Tax Lot _____ Ref.# _____

Township _____ Range _____ Section _____ Tax Lot _____ Ref.# _____

Prior Extensions:

APPLICANT'S SIGNATURE AND CONSENT AGREEMENT

Please read carefully and initial each line.

_____ I understand that this approval will not modify the maintenance of, or snow removal on, any County access road(s) to this parcel.

_____ I hereby certify that all work to be performed shall be in accordance with all governing laws and rules.

_____ I understand that the approval herein, if granted, represents only land use approval of my building permit and that a copy of this land use approval must be attached to the building permit form issued by the Building Department.

_____ I understand and agree that my land use approval may be revoked if I do not comply with the approved Site Plan and Conditions of Approval that may be contained herein.

PLANNING DEPARTMENT REVIEW
FOR OFFICE USE ONLY

Property Information

Zone:	Total Acres:
Rural Fire District:	Flood Zone Map:
Overlay Zone:	Wetlands Map:
Soils:	Septic Approval: <input type="checkbox"/> Site Eval. <input type="checkbox"/> Auth. Notice <input type="checkbox"/> LUC Date:
Signed TSP Standards/Driveway Affidavit: <input type="checkbox"/> Yes <input type="checkbox"/> No Date:	Fire Siting Standards Information Provided: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Required

Permitted Use
 Conditional Use
 Lot of Record
 Plan Amendment
 Variance
 Approved
 Denied
 PERMIT#: _____ DATE: _____
 PLANNING OFFICIAL SIGNATURE: _____ TITLE: _____ DATE: _____

****For Department Use Only****

Revenue Line #		Amount
Planning Fee	101131-3404105	\$
Addressing Fee	101131-3404106	\$
Road Inspection Fee	230100-3404105	\$
	Total	\$
Fee to be paid to Baker County Treasurer	\$	
Date	Amount Received:	\$
Received by:		