



# UNION COUNTY Planning Department

Inga Williams, Planning Director

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All Applications for Planning Commission review must be deemed complete by the Planning Department by the last business day of the month for consideration at the next available Planning Commission meeting

## RETURN TO UNION COUNTY PLANNING DEPARTMENT

\_\_\_\_\_ Minor Partition

\_\_\_\_\_ Major Partition

\_\_\_\_\_ Conditional Use

\_\_\_\_\_ Variance

\_\_\_\_\_ Other: \_\_\_\_\_

A. APPLICANT (1) \_\_\_\_\_ owner and/or

(2) \_\_\_\_\_

authorized agent of real property described as:

Twp.	Range	Section	Tax Lot
_____	_____	_____	_____
_____	_____	_____	_____

B. The applicant requests the following in accordance with the provisions of the Union County Zoning Ordinances:

It is proposed to \_\_\_\_\_  
\_\_\_\_\_

C. Evidence supporting the request: (Attach additional materials if necessary)  
The applicant alleges that the approval of the application or change would be in harmony with the intent and purpose of said zoning ordinances and that the proposed use conforms to the standards and/or criteria prescribed therefore in said ordinances and would not be detrimental to property or persons in the neighborhood for the following reasons \_\_\_\_\_  
\_\_\_\_\_

D. A tentative plan attached including:

- 1) Vicinity map marked "Exhibit A"
- 2) Detailed plot plan marked "Exhibit B" and
- 3) Statements of explanatory information marked "Exhibit C"
- 4) \$\_\_\_\_\_, being the fee provided by Ordinance, is attached.

\_\_\_\_\_  
Signature(s) Authorized Agent

\_\_\_\_\_  
Signature(s) of all landowners

\_\_\_\_\_  
Street/Mailing Address

\_\_\_\_\_  
Street/Mailing Address

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Phone Number