

UNION COUNTYPlanning Department

Inga Williams Planning Director

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FARM/FOREST LAND USE APPLICATION

Please complete & return this form with attachments							
Home Farm [Forest Alterat	Occupation Owelling (new) Dwelling (new)	an those listed be		Vari	ninistrative Use ance		
CONTACT INF	ORMATION						
Applicant(s)	Applicant(s) Name(s)						
Phone Num	ber						
Email Addre	SS						
Mailing Add	ress						
² attach a co ³ attach the PROPERTY ID	opy of the contract signed Agent Perr ENTIFICATION	has the legal right to nission Certification, nformation as an	or your own vers	on, allowing the age	nt to represent the	owner.	
Township	Range	Section	Tax Lot	Zoning Designation	Acreage	Tax Assessor's Ref. No.	
Provide situs address (if available)							
Identify the sp		ON you are submittin JCZPSO) section f	• • •		•	<u> </u>	

CURRENT USE OF PROPERTY – also identify any structures								
RFC	OLURED ATTACHMENTS							
1)	Applicants are responsible for submitting all necessary evidence to support their request. Each proposed use must comply with the requirements outlined in the Union County Zoning, Partition, and Subdivision Ordinance (UCZPSO) and must be clearly justified. Provide thorough, detailed responses for each relevant code section. Be sure to include documentation that supports any claims made. Staff will review the submitted materials and determine whether the request meets the applicable code requirements, does not meet them, or may meet them with specific conditions. Vague and unsupported statements may result in a denial based on insufficient evidence. Before submitting your application, consult with staff to ensure you are responding to all necessary code sections. 1) A vicinity map showing the subject property and surrounding roads and adjacent properties.							
true resi con ord	Te, the undersigned, swear that a and correct to the best of my/ult in a change to the property with the and all applier to get final approval and be a applicant is not an agent, the	this application, ir our knowledge an valuation. I/We acl cable state statute able to begin the u	d belief. I/We understand to knowledge that the properties, federal regulations, and see.	that this land use action may ty owners must abide by all Union County regulations in				
Signature			Signature					
Pr	inted Name	Date	Printed Name	Date				
Signature			Signature					
Pr	inted Name	Date	Printed Name	Date				
For	Planning Department Purpose	s Only						
Dat	e of Submittal	Date Consid	ered Complete					
Pay	ment Receipt Number							

Application Number _____

Agent Permission Certification

Legal Own	ers" Legal Representatives	s ¹ Contract Purchasers ²
s applicatio	n and I/we give the applicant p	permission to submit this
the review	and approval process.	
	Name	
Date	Signature	Date
	Name	
Date	Signature	Date
	s application g the review Date	s application and I/we give the applicant posts the review and approval process. Name Signature Name

^{*} All property owners must sign

¹ attach proof that this person has the legal right to sign for the trust/LLC/corporation/etc.

² attach a copy of the contract.