

UNION COUNTY Planning Department

Inga Williams Planning Director

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FARM/ FOREST LAND USE APPLICATION

		Please complete	& return this fo	rm with ATTACHI	MENTS			
Home _X_Farm[Forest	Occupation Dwelling (new Dwelling (ne tion/ Restorat			Var	ministrative U	se		
ASSESSMENT OF THE PROPERTY OF	FORMATION							
Applicant(s)				ed Design and I	Engineering	Services LLC		
Phone Num		541-963-0100	541-963-0100 office /					
Email Addre	SS							
If the applica	nt is not the bentification propert	egal Owner/Legal *provio legal owner, subr N y information as a	de proof mit the attached an attachment i	e* Contract P. I Property Owner f more than two property Coning Designation	Certification. properties. Acreage	Addressed* Yes or No		
06S	4100	00	4500	UC-A2	238.48	YES		
*Provide addres								

NARRATIVE & EVIDENCE in support of your request.

All uses require justification for approval. Staff will provide you with the code requirements you need to respond to. It is the applicant's responsibility to provide evidence in support of the request. Staff will review the information, research, and conclude that it does or does not meet the requirements of the code, or may meet the requirements with conditions.

ADDITIONAL REQUIRED ATTACHMENTS

- 1) Vicinity map showing the subject property and surrounding roads and adjacent properties.
- 2) Site Plan, see attached example.
- 3) Narrative and evidence statements that address UCZPSO standards.

CERTIFICATION

I/We, the undersigned, swear that this application, including the information and justifications submitted, is true and correct to the best of my/our knowledge and belief. I/We understand that this land use action may result in a change to the property valuation. I/We acknowledge that the property owners must abide by all conditions of approval and all applicable state statutes, federal regulations, and Union County regulations in order to get final approval and be able to begin the use.

order to get final approval and b	e able to begin the o	Savannah Le	79
Name Lau Signature	9/29/25 * Date	Name Signature	0/29/25 Date
Coleman Lay		Name	
Signature	9/29/25 Date	Signature	Date

For Planning Department Purposes Only

Date of Submittal 09/29/25 Date Considered Complete 10/22/25

Payment Receipt Number 328732

Application Number 2025 - 0043

Property Owner Certification all owners must sign

The below identified persons are the legal pro	operty owner(s) 🔽 legal repre	esentative
of the property that is the subject of this application	on and the applicant permission	to apply for this proposed
use.		
Ralph Edwards / Associated Design and Engineering Sen		
Name 9/19/10	Name	
Sgnature Date	Sgnature	Date
Name	Name	
Sgnature Date	Sgnature	Date
	in fautha manartu aurar Att	ach documentation
If legal representative, identify your legal right to showing your legal right.	sign for the property owner. Aut	ad i doddii i a i alioi i