ADDRESS



SUBMIT TO COOS COUNTY PLANNING DEPT. AT 225 N. ADAMS STREET OR MAIL TO: COOS COUNTY PLANNING 250 N. BAXTER, COQUILLE OR 97423. EMAIL PLANNING@CO.COOS.OR.US PHONE: 541-396-7770

THIS APPLICATION MAY TAKE UP TO 30 DAYS TO PROCESS

Date Received:		Reco	eipt #:		Received by:				
APPLICATION:									
FILE NUMBER:	AD-20_		-						
This application shall be filled out electronically. If you need assistance please contact staff. Please be aware if the fees are not included the application will not be processed. (If payment is received on line a file number is required prior to submittal)									
			LAND IN	FORMATION					
Land Owner(s	s) (print nar	ne):							
Mailing addres	s:								
Phone:]	Email:					
Applicant(s) (I	·	:							
Phone:]	Email:					
Type of Ownership: Choose an									
PROPERTY									
Township:	Range:	Section:	¹ / ₄ Section:	1/16 Section:	Tax lot:				
Township:	Range:	Section: choose	1/4 Section:	1/16 Section:	Tax lot:				
Tax Account Number(s):									

Any property information may be obtained from a tax statement or can be found on the County Assessor's webpage at the following links: Map Information Or Account Information

ACKNOWLEDGEMENT STATEMENT: PERTAINING TO THE SUBJECT PROPERTY DESCRIBED ABOVE, I HEREBY DECLARE THAT I AM THE LEGAL OWNER OF RECORD OR AN AGENT HAVING CONSENT OF THE LEGAL OWNER OF RECORD AND I AM AUTHORIZED TO OBTAIN THIS ZONING COMPLIANCE LETTER SO AS TO OBTAIN NECESSARY PERMITS FOR DEVELOPMENT FROM THE SEPARTMENT OF ENVIRONMENTAL QUALITY AND/OR THE BUILDING CODES AGENCY. THE STATEMENTS WITHIN THIS FORM ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE WAS DESCRIBED AND BELIEF. I UNDERSTAND THAT ANY PERMITS AND/OR AUTHORIZATION FOR DEVELOPMENT SSUED BY THE PLANNING DEPARTMENT MAY BE REVOKED IF IT IS DETERMINED THAT IT WAS SSUED BASED ON FALSE STATEMENTS, MISREPRESENTATIONS OR IN ERROR. AS A CONDITION OR THE ISSUANCE OF THIS ZONING COMPLIANCE LETTER THE UNDERSIGNED HEREBY AGERES OF HOLD COOS COUNTY HARMLESS FROM AND INDEMNIFY THE COUNTY FOR ANY LIABILITY OR DAMAGE WHICH MAY OCCUR AS A RESULT OF THE FAILURE TO BUILD, IMPROVE OR MAINTAIN ROADS WHICH SERVE AS ACCESS TO THE SUBJECT PROPERTY. RURAL RESIDENTIAL COMPATIBILITY WITH FARM/FOREST MANAGEMENT PRACTICES: I I I I I I I I I I I I I I I I I I I						
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	APPLICAN	ITS SIGNATURE:				
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ADDRESS APPLICATION INFORMATION

ADDRESS OF DRIVEWAY #1 CLOSEST TO YOUR NEW DRIVEWAY:	
DISTANCE FROM DRIVEWAY #1 TO YOUR NEW DRIVEWAY: Is this driveway on the same side of the road as your Driveway: Choose an item.	Neighbor's Driveway #1 Distance #1
ADDRESS OF DRIVEWAY #2 CLOSEST TO YOUR NEW DRIVEWAY:	Your New Driveway
DISTANCE FROM DRIVEWAY #2 TO YOUR NEW DRIVEWAY:	Neighbor's
Is this driveway on the same side of the road as your Driveway: Choose an item.	Driveway #2
The distance information is important from your new drives you (doesn't matter which side of the road) and what the ad-	5
DRIVEWAY: Is this driveway on the same side of the road as your Driveway: Choose an item.	Driveway #2

e of information is important to include in the formula used to calculate the correct address.

Staff from the County Road Department will place the stake and once the driveway stake has been placed, it must not be moved. If your stake is removed or damaged you may purchase replacements. Please provide a map with the access point or address stake placement.

Additional Notes or directions: