



ADDRESS

SUBMIT TO COOS COUNTY PLANNING DEPT. AT 225 N. ADAMS STREET OR MAIL
TO: COOS COUNTY PLANNING 82'G'4pf'U0 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: _____ Receipt #: _____ Received by: _____

APPLICATION:

FILE NUMBER: FT-23 _____

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 INFORMATION

Land Owner(s) (print name):

Mailing address:

Phone:

Email:

Applicant(s) (print name):

Mailing address:

Phone:

Email:

Type of Ownership: Choose an

PROPERTY

Township: Range: Section: ¼ Section: 1/16 Section: Tax lot:

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choose

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](#)

IMPROVEMENT ON THE PROPERTY:

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 DEPARTMENT OF ENVIRONMENTAL QUALITY AND/OR THE BUILDING CODES AGENCY. THE STATEMENTS WITHIN THIS FORM ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. I UNDERSTAND THAT ANY PERMITS AND/OR AUTHORIZATION FOR DEVELOPMENT ISSUED BY THE PLANNING DEPARTMENT MAY BE REVOKED IF IT IS DETERMINED THAT IT WAS ISSUED BASED ON FALSE STATEMENTS, MISREPRESENTATIONS OR IN ERROR. AS A CONDITION FOR THE ISSUANCE OF THIS ZONING COMPLIANCE LETTER THE UNDERSIGNED HEREBY AGREES TO HOLD COOS COUNTY HARMLESS FROM AND INDEMNIFY THE COUNTY FOR ANY LIABILITY FOR 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 HEREBY ACKNOWLEDGE THAT THE NORMAL INTENSIVE MANAGEMENT PRACTICES OCCURRING ON ADJACENT RESOURCE LAND WILL NOT CONFLICT WITH THE RURAL RESIDENTIAL USE OR ENJOYMENT OF THE ABOVE DESCRIBED PROPERTY.

BY SIGNING THIS APPLICATION I AM ACKNOWLEDGING THAT I CAN ONLY DEVELOP MY PROPERTY AS ALLOWED PURSUANT TO THE AUTHORIZATIONS GRANTED IN THE ZONING COMPLIANCE LETTER THAT WILL BE ISSUED. IF ADDITIONAL REVIEW IS REQUIRED I UNDERSTAND THAT IT IS MY RESPONSIBILITY TO COMPLETE THE REVIEW. ALL APPLICABLE FEDERAL, STATE, AND LOCAL PERMITS SHALL BE OBTAINED PRIOR TO THE COMMENCEMENT OF ANY DEVELOPMENT ACTIVITY. ALL COSTS ASSOCIATED WITH COMPLYING WITH THE CONDITIONS ARE THE RESPONSIBILITY OF THE APPLICANT AND THAT THE APPLICANT IS NOT ACTING AS AN AGENT OF THE COUNTY.

APPLICANTS SIGNATURE: _____

Coos County Road Department Use Only

Driveway

Parking

Access

Bonded

Date : _____ Receipt Number: _____

ADDRESS APPLICATION INFORMATION

ADDRESS OF DRIVEWAY #1 CLOSEST TO YOUR NEW DRIVEWAY: _____

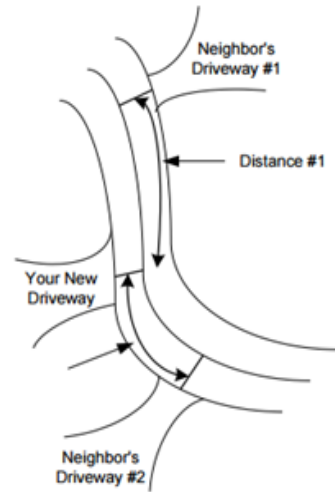
DISTANCE FROM DRIVEWAY #1 TO YOUR NEW DRIVEWAY: _____

Is this driveway on the same side of the road as your Driveway: Choose an item.

ADDRESS OF DRIVEWAY #2 CLOSEST TO YOUR NEW DRIVEWAY: _____

DISTANCE FROM DRIVEWAY #2 TO YOUR NEW DRIVEWAY: _____

Is this driveway on the same side of the road as your Driveway: Choose an item.



The distance information is important from your new driveway to the closest driveways on either side of you (doesn't matter which side of the road) and what the addresses are to those two driveways. This 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: