



**CITY OF TROUTDALE
COMMUNITY DEVELOPMENT DEPARTMENT
2200 SW 18TH Way, Troutdale, OR 97060-2099
Phone (503) 665-5175 Fax (503) 667-0524**

File No.: _____
Date Rec'd.: _____
Fee Paid: \$ _____
Receipt No.: _____
Date of Meeting: _____

LAND USE APPLICATION

PROCEDURE TYPE (office use): I II III IV

PERMIT TYPE (office use): _____

Please print or type the information below

Project Name: _____

Location or Address: _____

Tax Map & Tax Lot Numbers _____ R- _____

Zoning: _____ Overlay Zoning: _____ Plan Designation _____

Site Acres _____ Site Footage of the Lot _____

Request: _____

NAME OF APPLICANT (If signed by Agent, owner's written authorization must be attached.)

NAME OF OWNER(S) (If more than one owner, attach a separate sheet.)

Name: _____

Name: _____

Signature: _____

Signature: _____

Date: _____

Date: _____

Address: _____

Address: _____

City: _____ State: _____

City: _____ State: _____

Zip: _____ Phone: _____

Zip: _____ Phone: _____

Fax: _____

Fax: _____

Email: _____

Email: _____