Print Form

CITY OF CANNON BEACH
SUBDIVISION APPLICATION

Please fill out this form completely. Please type or print.

Applicant Name: _____

Mailing Address: _____

_____

Telephone: _____

Property-Owner Name: _____
(if other than applicant)

Mailing Address: _____

_____

Telephone: _____

Property Location: _____
(street address)

Map No.: _____ Tax Lot No.: _____

Subdivision Description:

Please see Municipal Code Sections 16.04.180 and 16.04.190 for Subdivision Tentative Plat information that must be included with this application.

Application Deposit: $2000.00 (Applicant will be billed for costs over $2000)

Applicant Signature: _____ Date: _____

Property Owner Signature: _____ Date: _____

If the applicant is other than the owner, the owner hereby grants permission for the applicant to act on his/her behalf. Please attach the name, address, phone number, and signature of any additional property owners.

As Property Owner, my signature or an authorized applicant's signature, allows any duly authorized employee of the City to enter upon all properties affected by this permit for the purpose of follow-up inspection, observation, or measurement.

For Staff Use Only:

Received on: _____ By: _____

Fee Paid: _____ Receipt No.: