Print Form

CITY OF CANNON BEACH
CONDITIONAL USE EXTENSION 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.: _____

CONDITIONAL USE EXTENSION REQUEST:

1. Description of the need for an extension.

Application Fee: $450.00

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.

For Staff Use Only:

Received on: _____ By: _____
(date)

Fee Paid: _____ Receipt No.: _____