

**CITY OF CANNON BEACH
DEVELOPMENT PERMIT TYPE 2 APPLICATION
GRADING, EROSION AND SEDIMENTATION CONTROL**

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

Applicant Name: _____
Mailing Address: _____

Email Address: _____
Telephone: _____

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

Mailing Address: _____

Telephone: _____

Property Location: _____
(street address)

Map No.: _____ Tax Lot No.: _____

Nature of the Request

1. Description of proposed action providing the information required by the Zoning Code Section 17.62.030.c (Attach extra sheets as necessary)

Application Fee: \$75.00

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. 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.: _____

