

CITY OF AMITY

109 Maddox Avenue
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Amity, OR 97101

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CONDITIONAL USE APPLICATION

I. BACKGROUND INFORMATION

Applicant/Owner: _____ Phone: _____

Mailing Address: _____

Site Address: _____

Township; Range; Section; Tax Lot: _____

Zone: _____ Parcel Size: _____

Existing Use/Structures: _____

Application Proposal: _____

II. REVIEW CRITERIA

Section 3.103.03 of the Amity Zoning and Development Code, establishes findings that must be addressed before granting approval of a Conditional Use. **The applicant must provide a written response to the following:**

1. The use is listed as a conditional use in the underlying district.
2. The characteristics of the site are suitable for the proposed use considering size, shape, location, topography, and location of improvements and natural features.
3. The proposed development is timely, considering the adequacy of transportation systems, public facilities and services, existing or planned for the area affected by the use.
4. The proposed use will not alter the character of the surrounding area in a manner which substantially limits, impairs, or precludes the use of surrounding properties for the primary uses listed in the underlying district.

III. APPLICATION REQUIREMENTS

- A. Completed and signed application form.
- B. Written response to the criteria in Item II., above.
- C. Five (5) copies of the site plan drawn to scale. The site plan must include the following information (where applicable): existing and proposed structures, driveways, parking, landscaping, and significant natural features.
- D. Names and addresses of all the property owners within 150 feet of the boundaries of the property. This list must be provided by a Title Company or the Yamhill County Assessor.
- E. Copy of the latest deed, sales contract, or title report indicating property ownership.

IV. SIGNATURES

NOTE: All owners *MUST* sign this application or submit a letter of consent authorizing another individual to complete and sign application. Incomplete or missing information may delay the review process.

Applicant/Owner Signature	Date
Applicant/Owner Signature	Date

For Office Use Only

Submittal Date: _____ Fee: _____ Received by: _____

Application Type: _____ Completeness: _____ 120 Day: _____

Staff Report Received: _____ Commission Hearing: _____

Application Deposit and Fee paid on: _____ Receipt _____

Cash Check # _____ Refund Yes, on: _____, check # _____ No