

CITY OF AMITY

109 Maddox Avenue  
P.O. Box 159  
Amity, OR 97101

Ph: (503) 835-3711  
Fax: (503) 835-3780



**SIMILAR 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 3.105.04, of the Amity Zoning and Development Code, establishes findings that must be addressed before granting approval of a Similar Use. **The applicant must provide a written response to the following:**

1. The use is consistent with the purpose of the underlying zoning district and is similar in character, scale and performance to uses specified in the underlying district, and
2. The use conforms with the applicable standards and limitations of the underlying zoning district, or
3. The use may or may not be consistent with the purpose of the underlying zoning district, but will not negatively impact such purposes, and will continue for a period not to exceed 180 days.

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