

CITY OF TALENT . COMMUNITY DEVELOPMENT

PO Box 445, Talent, Oregon 97540

Phone: (541) 535-7401 Fax: (541) 535-7423 <u>www.cityoftalent.org</u>

PRE-APPLICATION CONFERENCE FORM

| Project Description | | | | | | |
|---|---|--|---|-------------------------------------|-----------------------|---|
| Property Owner | | Mailing Address (include city, zip) | | | Phone | |
| Street Address or Property Locat | Email Address | | | | | |
| Applicant/Consultant (if not owner) | | Mailing Address (including city, zip) | | | Phone | |
| | | | | <u></u> | | |
| Assessor's Map Number (Township, Range, Section, Quarter | | | Tax Lot Number | Acres | Acres Zone | |
| 38-1W- | | | | | | |
| 38-1W- | | | | | | |
| Subzone (if applicable) | | | | | | |
| Meeting Type: | | | | | | |
| Pre-Application Conference | e (Land Division) | | | | | |
| Pre-Application Conference | e (General Land Use) | | | | | |
| Required Submittals: | | | | | | |
| Tentative Plat or Site Plan- | Drawn to scale, incl | uding ALL applicat | ole provisions of the Ta | alent Subdivisi | on or Zo | oning Code. |
| Applicant's Statement – Inc | cluding ALL applicabl | e provisions of the | Talent Subdivision or | Zoning Code. | | |
| One electronic copy of plat | /site plan and applic | ant's statement in | PDF format. Plat sha | ll be reduced t | to 11x17 | 7. |
| Supplementary informatio | n as required by the | Talent Subdivision | Code or the Talent Zo | oning Code. | | |
| | | ACCURACY | STATEMENT | | | |
| I hereby certify that the statement are in all respects, true and correc the conference and may not includ all applicable provisions within the may render the information provic | t. I further understar le all of the provision Subdivision and/or Z | nd that the inform ns with the applica oning Code. Any c | ation provided during ble ordinances. As the | this pre-applic e applicant, I u | cation co understa | onference is valid on the date of and that I will be responsible for |
| Applicant's Signature | | | Date | <u> </u> | | |
| Property owner's Signature (requ | ired) | | Date | <u> </u> | | |
| FOR OFFICE USE ONLY | | | | | | |
| Deposit Paid (Amount): | Date: | | Received By: | | File I | Number: |

In compliance with the Americans with Disabilities Act, if you need special assistance, please contact TTY phone number 1-800-735-2900 for English and for Spanish please contact TTY phone number 1-800-735-3896.