



CITY OF LYONS

PHONE: (503)859-2167
FAX: (503)859-5167

449 5TH STREET
LYONS, OREGON 97358

Received By: _____

Date: _____

BUILDING PERMIT SITE PLAN REVIEW

Building Permit Number: _____ Type: _____

Property Legal: _____

Job Address: _____

Owner: _____

Address: _____ Telephone: _____

Zone: _____ Lot Size: _____

I agree to build according to the submitted plans and specifications, the laws of the State of Oregon and Linn County and the Lyons Zoning and Subdivision Codes. These fees are charged in accordance with and authorized by Resolution #282. I understand that this permit expires 180 days after the date of approval, but may be extended for an additional 180 days.

I have read this application in its entirety and certify that the stated information is true and correct to the best of my knowledge.

SIGNATURE OF APPLICANT / REPRESENTATIVE _____

Review Fee: **\$25.00**

Other Fees: _____

Total: _____

Local Zoning and Subdivision Codes as required by the City of Lyons, applicable to the attached plans and application, have been approved by the Local Planning Official.

Staff: _____ Date: _____