

CITY OF LYONS

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PARTITION APPLICATION

449 5TH STREET LYONS, OREGON 97358 cityoflyons@wavecable.com

Received By:_____

Date:

			Paid	
Name of applica	nt:			
Applicant's Cont	act Information			
Mailing Address	:			
Phone Number:		ema	il:	
Address of subje	ect property:			
TWP:	RANGE:	SEC:	TAX LOT:	
Zoning on property: Number of parcels to be partitioned:				
Size and dimens	ions of property to b	oe partitioned:		
Proposed uses o	on property:			

Describe the vehicular access to the property:

Has Environmental Health approved the proposed partition(s) for septic system(s)?

Yes:_____ No:_____ Pending: _____ Copy of approval attached:_____

Describe the physical features of the property (i.e. slope, drainage, etc.):

Is there currently water hook-up to the property?

				Page 2 of 2
Descr	ibe the physical features o	on the properties <u>s</u> u	urrounding the land to	be partitioned:
Provid	le ten copies of the tenta	tive plat which inclu	ides the following info	ormation:
bound	A map of the property ate, north point, scale daries and dimensions of ted with a revised date a	of drawing and su	ufficient description titioned. Revisions o	
2.	Name and address of th	ne owner(s) of recor	d and of the partition	preparer.
3.	The parcel layout, show	ring dimensions and	size of parcels.	
4. draina	Location of existing bugge ways and other feature			ds) to remain in place, development.
5. the pr	Identification of adjacer operty. Identification sha	•	•	y) of all accesses serving streets.
propo	Identification of existing and purpose of easeme sals for the handling of none lines.	ents; location and s	ize of water lines; lo	•
7.	Vicinity map showing th	e street and lot pat	tern in the area.	
•	I have read and underst I have received a copy of I understand that it w application before it wil	of Chapter 17.40 exp ill be at least 30 o	plaining the partitioni days from the submi	ng process. ssion of the completed
SIGNATURE OF APPLICANT:			DATE:	

PLANNING COMMISSION APPROVAL:_____ DATE:_____