



# CITY OF LYONS

PHONE: (503)859-2167  
FAX: (503)859-5167  
[www.cityoflyons.org](http://www.cityoflyons.org)

449 5<sup>TH</sup> STREET  
LYONS, OREGON 97358  
[cityoflyons@wavecable.com](mailto:cityoflyons@wavecable.com)

Received By: \_\_\_\_\_

Date: \_\_\_\_\_

Paid: \_\_\_\_\_

## GENERAL LAND USE PERMIT APPLICATION REQUIRING SITE PLAN REVIEW

Name of applicant: \_\_\_\_\_

### Applicant's Contact Information

Mailing Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ email: \_\_\_\_\_

Address of subject property: \_\_\_\_\_

TWP: \_\_\_\_\_ RANGE: \_\_\_\_\_ SEC: \_\_\_\_\_ TAX LOT: \_\_\_\_\_

Zoning on property: \_\_\_\_\_

Size and dimensions of property: \_\_\_\_\_

\_\_\_\_\_

Current uses of property: \_\_\_\_\_

\_\_\_\_\_

Proposed uses on property: \_\_\_\_\_

\_\_\_\_\_

Describe the physical features on the properties surrounding the subject property: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Describe the vehicular access to the property: \_\_\_\_\_

\_\_\_\_\_

Is there currently water hook-up to the property? \_\_\_\_\_

Has Environmental Health approved the septic system for the proposed use? (attach copy of approval)\_\_\_\_\_

\_\_\_\_\_

Reason for the request:\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

In order to approve a request, the City must determine that the request meets the criteria listed below. Please comment on each one.

1. The location, size, design, and operating characteristics of the proposed development are compatible with and will not adversely affect the livability or appropriate development of abutting properties and the surrounding neighborhood. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2. The proposed development site has the physical characteristics needed to support the use considering factors such as potential drainage problems and access to a public street. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. The proposed development will not unduly affect the capacity of current public facilities, including streets and utility systems. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4. The proposed development is consistent with the goals and policies in the comprehensive plan. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Attach a scale drawing which shows the area included in the request. The drawing shall show:

1. The shape and dimensions of the lot.

- 2. The location and sizes of all existing and proposed structures.
- 3. The intended use of each structure.
- 4. The number of families to be accommodated, if any.
- 5. The location of vehicular ingress and egress, including the width and surfacing of abutting roads.
- 6. The location, size, access and number of spaces for proposed off-street parking areas.
- 7. The location and type of screening and landscaping.
- 8. The relation of the site to surrounding streets and land uses.

Attach a certified list of property owners within 500 feet of the subject property. Lists obtained from a title company incorporated under Oregon laws or the Linn County Tax Assessor’s office shall be acceptable.

I have read and understand LMC 18.25. I understand that it will be at least 30 days from the submission of the completed application before it will be reviewed before the Planning Commission.

SIGNATURE OF APPLICANT: \_\_\_\_\_ DATE: \_\_\_\_\_

PLANNING COMMISSION APPROVAL: \_\_\_\_\_ DATE: \_\_\_\_\_