

PHONE: (503)859-2167 FAX: (503)859-5167 www.cityoflyons.org

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

GENERAL LAND USE PERMIT APPLICATION REQUIRING SITE PLAN REVIEW

Name of applie	cant:			
Applicant's Co	ontact Information			
Mailing Addre	ess:			
Phone Number	r:	email:		
Address of sub	pject property:			
TWP:	RANGE:	SEC:	TAX LOT:	
Zoning on proj	perty:			
Proposed uses	on property:			
Describe the p	hysical features on the propert	ies <u>surrounding</u> the subje	ect property:	
Describe the ve	ehicular access to the property	:		
Is there curren	tly water hook-up to the prope	rty?		

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 AP	PLICANT:	D	DATE:		
For City Use:					
Received By:	Date:	Paid : \$	Rcpt #		