



# 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: \_\_\_\_\_

## BUILDING PERMIT SITE PLAN REVIEW

Building Permit Number: \_\_\_\_\_ Type: \_\_\_\_\_

Property Legal: \_\_\_\_\_

Job Address: \_\_\_\_\_

Owner(s): \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_ 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 #556-2021. 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**          

Linn County Fees: \_\_\_\_\_

NSSD CET Fee \_\_\_\_\_

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: \_\_\_\_\_