

OFFICE USE ONLY
 Date Received: _____
 FILE NO. _____
 120 DAY EXPIRATION



LAND DIVISION APPLICATION

Purpose:

Land division in the State of Oregon has two specific designations-Partition and Subdivision. A Partition is where a parent parcel of land is divided into a total of three or less parcels whereas the Subdivision results in four or more lots. The Land Division Application is designed to allow an applicant to provide adequate details that could result in a favorable decision by Lake County. If the County approves the land division, the decision is tentative at first because there may be certain site improvements or surveying that may need to be completed before the matter can be finalized. It may be in your best interest to speak with a private land use planner, surveyor or title company for guidance in preparing the application materials.

Applicable Regulation

Lake County Zoning Ordinance Article (s) 2 Exclusive Farm Use Zone., 3 Agriculture Use Zone., 4 Rural Center Zone., 5 Forest Use Zone., 6 Rural Residential Zone., 7 Farm Residential Zone., 8 Suburban Residential Zone., 9 Commercial

Applicant(s) Information

Name: _____
 Address _____ City _____ State _____
 Telephone:(H) _____ (C) _____ E-Mail: _____

Property Owner(s) Information

Name: _____
 Address _____ City _____ State _____
 Telephone:(H) _____ (C) _____ E-Mail: _____

Agent Information (Indicate details of licensed engineer or surveyor on separate sheet)

Name: _____ NOTE: ATTACH COPY OF AGENT AUTHORIZATION
 Address _____ City _____ State _____
 Telephone:(H) _____ (C) _____ E-Mail: _____

Property Identification

Address (If Assigned) _____ City or Rural Area _____
 Assessment Information Township _____ Range _____ Section _____ TaxLot(s) _____
 Assessment Account Number _____

Proposed Use

On the subject property, I/We propose to divide our property into _____ lots. (indicate number)

- | | |
|--|---|
| <input type="radio"/> Required Enclosures | <input type="radio"/> Agent Authorization Form |
| <input type="radio"/> Assessment Map http://www.ormap.org | <input type="radio"/> Tentative Division Map |
| <input type="radio"/> Administrative Fee \$250.00 + \$15 per lot for each lot over ten. | <input type="radio"/> Applicant Findings (see page 2 and 3) |
| | <input type="radio"/> Applicant Certification (see page 4) |

Signatures and Authorization

I/We as the applicant (s), owner (s) or authorized agent for this application have provided the aforementioned information, certifications and forms to the best of our knowledge and will attend the Planning Commission meeting.

Applicant or Agent signature: _____ Date: _____

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APPLICANT FINDINGS OF FACT

Property Identification

Address (If Assigned) _____ City or Rural Area _____
 Assessment Information Township ____ Range ____ Section ____ TaxLot(s) _____
 Assessment Account Number _____

Proposed Use

On the subject property, I/We are requesting to divide a _____ acre parcel(s) into _____ lots.

Findings of Fact

Relating to the subject property described on this application, I/We state the following facts to be true.

Note to preparer: **Circle responses as appropriate.**

The subject property is zoned: (Circle as appropriate) A-1, Exclusive Farm Use A-2, Agricultural Use A-3, Rural Center F-1, Forest Use R-1, Residential Use R-2, Farm Residential Use C-1, Commercial Use M-1, Light Industrial M-2, Heavy Industrial	The subject property has a Comprehensive Plan Designation as: (Circle as appropriate) A, Agriculture R, Range F, Forest RR, Rural Residential C, Commercial FR, Farm Residential RC, Rural/Recreation Center I, Industrial P, Public	The subject property has a Overlay Zone Designation as: (Circle as appropriate) A-A, Airport Approach Zone H-G, High Groundwater Zone R-A, Mobile Home Exclusion Zone Not Applicable
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The existing conditions for surrounding properties are shown in the following table:

Direction	House		Barn/Shed		Farm Use?		Forest Use?		Commercial Use?		Zone/Acreage
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	
North	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	/
South	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	/
East	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	/
West	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	/

The property is current used for: _____.

The average proposed lot size and dimensions are: _____.

The lots are being created to accommodate (circle) Single Home Duplex Commercial Industrial

Water is to be supplied by _____ Sewer is to be supplied by _____

Electrical service is to be provided by _____ and is (circle) above below ground.

Telephone service is to be provided by _____.

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APPLICANT FINDINGS OF FACT

The nearest public road is named _____ and is (circle) paved unpaved.

The property (circle) *is* / *is not* subject to special tax assessment for farm use under ORS Chapter 308.

The property (circle) *is* / *is not* subject to special tax assessment for forest use under ORS Chapter 321.

The property (circle) *does* / *does not* have water rights. If yes, describe:

Fire protection is provided by:

School bus service (circle *is* / *is not* available.

Describe the characteristics of the property in detail, i.e. grade, rock outcroppings, soil, vegetation, water courses. _____



CERTIFICATION

Property Identification

Address (If Assigned) _____ City or Rural Area _____
 Assessment Information Township ____ Range ____ Section ____ TaxLot(s) _____
 Assessment Account Number _____

Acknowledgement

I/We agree that all approvals or permits from other local, state and/or federal agencies will be obtained and that any conditions of approval assigned by Lake County will be adhered to.

I/We understand that Lake County will review the submitted application materials and if deemed complete, Lake County staff will schedule the matter before the Planning Commission for review at its earliest convenience. A notice of the meeting will be mailed to surrounding property owners allowing public comment. The County under the provisions of Oregon Law, is required to render a decision on the matter within 120 days and I/We or our Agent will attend the scheduled meeting to answer any questions of the Planning Commission or Board of Commissioners.

I/We acknowledge that I/We are familiar with the standards and limitations specified by the amended Lake County Zoning Ordinance of 1980 as amended. I/We propose to meet the applicable standards as established by the Comprehensive Plan and Zoning Ordinance, as shown on the plans, specifications and other supplementary materials submitted with this application.

I/We understand the possibility that this development may result in increased property taxes under Oregon Law and/or other tax regulations.

I/We hereby certify that I/We have read and examined this application and know the same to be true and correct to the best of my/our knowledge. All provisions of laws and ordinances governing this type of work will be complied with whether specified herein or not.

Signatures

Applicant Signature

Date

Applicant Signature

Date

Property Owner Signature

Date

Property Owner Signature

Date



AUTHORIZATION TO ACT AS AGENT

Purpose:

When Lake County is asked to process application(s) for land use or construction, the property owner needs to give permission to perform the activity on their land. This permission is alternatively referred to as “consent” or knowledge that the activity is being requested or being performed on their property. The property owner is the party who holds the recorded deed for the subject property.

I/We the undersigned, hereby certify that I/We are the deed holder of record of the subject property which is located at _____ Street/Lane/Road, _____, Oregon; also known in the records of the Lake County Assessor as Account No. _____, Map _____, Taxlot _____.

I/We the undersigned, hereby certify that I/We hereby authorize _____ (Name) to act and appear as my agent in regard to the following proceeding:

- Address Assignment** (Note: An address application cannot be accepted without a previous land use approval.)
- Building/Plumbing/Electrical/Septic Permit and Inspections**
- Conditional Use Permit**
- Land Division**
- Variance**
- Lot Line Adjustment**
- Site Plan Review**
- Zone Permit**

Dated this _____ day of _____, 200__.

Signature _____

This consent valid for 6 months 12 months Indefinitely (Circle the appropriate response)

STAFF USE ONLY

File No. _____

Staff Name _____

Ownership verified by Deed Assessment records (Circle the appropriate response)