

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



REPLACEMENT DWELLING APPLICATION

Purpose:

Some types of land use activities listed in the Lake County Zoning Ordinance are allowed to occur with a minimal amount of government review on the matter. The replacement dwelling application is designed to allow the applicant to provide basic project details which can be verified for consistency with the Lake County Zoning Ordinance. The process is generally straightforward but if you have further questions or concerns, 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 Zone.

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

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 _____ Tax Lot(s) _____
 Assessment Account Number _____

Required Enclosures

- Assessment Map <http://www.ormap.org>
- Administrative Fee \$25.00(subject to change)
- Agent Authorization Form
- Building Elevations, Renderings or Photos
- Plot Plan Map
- Evidence of former dwelling
- Applicant Certification (see page 4)

Note: The Plot Plan Map is available on the Lake County Website at www.lakecountyor.org in the Planning Department section.

Signatures and Authorization

I/We as the applicant (s), owner (s) or authorized agent for this application have provided the aforementioned information relating to the proposed use on the following page, certifications and forms to the best of our knowledge.

Applicant or Agent signature: _____ Date: _____

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 DEEMED COMPLETE:
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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 propose to construct a replacement dwelling.

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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Particulars

Is the dwelling to be replaced currently on the property? **Yes No**

If you answered yes, is the dwelling currently occupied? **Yes No**

If the dwelling is currently on the property, it must be removed/demolished within three months of completion of replacement dwelling.

If the dwelling is no longer on the property, when was the dwelling removed? _____
Attach documentation verifying that the dwelling was present on this property.

The dwelling is/was a **frame-build manufactured home.**

Does/did the dwelling have indoor plumbing consisting of a kitchen sink, toilet and bathing facilities connected to a sanitary waste disposal system? **Yes No** If yes, what type of system: **Septic Public**

Does/did the dwelling have interior lighting for interior lights? **Yes No**



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 and allowable by the Lake County Land Development Ordinance and other regulations, Lake County staff will issue an approval.

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