



City of Newport Land Use Application

Applicant Name(s):	Property Owner Name(s) <i>if other than applicant</i>
Applicant Mailing Address:	Property Owner Mailing Address:
Applicant Phone No.	Property Owner Phone No.
Applicant Email	Property Owner Email
Authorized Representative(s): <i>Person authorized to submit and act on this application on applicant's behalf</i>	
Authorized Representative Mailing Address:	
Authorized Representative Telephone No.	
Authorized Representative Email.	

Project Information

Property Location: <i>Street name if address # not assigned</i>	
Tax Assessor's Map No.:	Tax Lot(s):
Zone Designation:	Legal Description: <i>Add additional sheets if necessary</i>
Comp. Plan Designation:	
Brief description of Land Use Request(s): <i>Examples:</i>	
<ol style="list-style-type: none"> 1. Move north property line 5 feet south 2. Variance of 2 feet from the required 15-foot front yard setback 	
Existing Structures: if any	
Topography and Vegetation:	

Application Type (please check all that apply)

Annexation	Interpretation	UGB Amendment
Appeal	Minor Replat	Vacation
Comp Plan/Map Amendment	Partition	Variance/Adjustment
Conditional Use Permit	Planned Development	PC
PC	Property Line Adjustment	Staff
Staff	Shoreland Impact	Zone Ord/Map
Design Review	Subdivision	Amendment
Geologic Permit	Temporary Use Permit	Other

FOR OFFICE USE ONLY

File No. Assigned:		
Date Received:	Fee Amount:	Date Accepted as Complete:
Received By:	Receipt No.	Accepted By:

City Hall
169, SW Coast Hwy
Newport, OR 97365
541.574.0629



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I understand that I am responsible for addressing the legal criteria relevant to my application and that the burden of proof justifying an approval of my application is with me. I also understand that this responsibility is independent of any opinions expressed in the Community Development and Planning Department Staff Report concerning the applicable criteria.

I certify that, to the best of my knowledge, all information provided in this application is accurate.

Applicant Signature(s)	Date
Property Owner Signature(s) (if other than applicant)	Date
Authorized representative Signature(s) (if other than applicant)	Date
Please note application will not be accepted without all applicable signatures.	
Please ask staff for a list of application submittal requirements for your specific type of request.	