Josephine County, Oregon

Community Development – Planning Division
700 NW Dimmick, Suite C / Grants Pass, OR 97526
(541) 474-5421 / Fax (541) 474-5422
E-mail: planning@co.josephine.or.us

AGGREGATE OPERATION PERMIT APPLICATION

PROPERTY & APPLICATION INFORMATION

ASSESSOR'S LEGAL DESCRIPTION:

TWN _____ RNG _____ SEC _____ QTR _____ TAX LOT(S) _____

TWN _____ RNG _____ SEC _____ QTR _____ TAX LOT(S) _____

PROPERTY ADDRESS: _____

EXISTING ZONING: _____ PARCEL SIZE: _____

DESCRIBE THE PROPOSED USE: _____

_____

_____

_____

_____

OWNERSHIP & APPLICANT INFORMATION

OWNER'S NAME: _____ TEL: _____

MAILING ADDRESS: _____

APPLICANT'S NAME: _____ TEL: _____

MAILING ADDRESS: _____

REPRESENTATIVE: _____ TEL: _____

MAILING ADDRESS: _____

EMAIL ADDRESS: _____ _____

APPLICANT'S STATEMENT OF UNDERSTANDING

I _____, have filed an application for an **AGGREGATE MINE OPERATION PERMIT** with the Community Development – Planning Division to be reviewed and processed according to state and county requirements. I acknowledge the following disclosures:

1. I understand that any representations, conclusions or opinions expressed by staff in the pre-application review of this request do not constitute final authority or approval, and that I am not entitled to rely upon any such expressions in the place of final approval.

2. I understand I may ask questions and receive input from planning staff, but acknowledge that I am ultimately responsible for all information and documentation submitted with this application. I further understand planning staff cannot legally bind the county to any fact or circumstance that conflicts with state or local laws, and in the event a conflict occurs, all such statements or agreements are void.

3. I understand I have the burden of demonstrating my application meets all of the applicable standards and criteria. The standards and criteria for approving or denying my request have been furnished to me as a part of this application and I acknowledge receipt.

4. I understand planning staff is entitled to ask for additional information or documentation any time after the submission of this application if it is determined such information is needed for the review of my application.

5. In the event my application involves a farm or forest use or a Comprehensive Plan Zone Change, I understand it may be reviewed by the Oregon Department of Land Conservation and Development (DLCD). If this happens, and DLCD comments on the application, I understand DLCD has the authority to appeal the county's decision to the Oregon Land Use Board of Appeals if it chooses to do so.

6. I understand it is the function of the planning office to impartially review my application and to address all issues affecting it regardless of whether the issues promote or hinder the approval of my application. In the event a public hearing is required to consider my application, I agree it is my sole responsibility to establish the case in favor of the application.

7. I understand I am entitled to have a lawyer or a land use consultant help me with my application and to appear with me (or for me) at any appointment, conference or hearing relating to the application.

8. I understand the processing of my application may require a site visit, which may include officials from other agencies, and photographs are commonly taken. Advance notice of the visit will be provided when the site is also a personal residence.

DATE: _____, 20_____.

_____ _____

OWNER/APPLICANT * OWNER/APPLICANT *

* *If the applicant is someone other than the owner, a power of attorney must be on file from the owners authorizing the application*

STATEMENT OF INTENDED WATER USE

Name: _____ Date: _____

Address: _____

_____

Phone: _____

LEGAL: T____, R____, Sec____-____,

Tax Lot _____

LAND USE PROPOSAL

- ❑ Development Permit
- ❑ Land Partition (# of Lots_____)
- ❑ Subdivision (# of Lots_____)
- ❑ Planned Unit Development
- ❑ Home Occupation
- ❑ Administrative Permit
- ❑ Conditional Use Permit
- ❑ Comp Plan & Zone Change

Current Zoning:_____

Are new lots being created ❑ Yes ❑ No

Will any lots be less than 1 acre in size? ❑ Yes ❑ No

DESCRIPTION OF WATER USE

(Describe the Use)

❑ How many residential units will use water (# of units, single or multi-family)?_____

_____

❑ Will water be used to irrigate (lawn, garden, shrubs, fields)? _____

_____ Total # of Acres Irrigated per Development_____

❑ Will water be used for livestock (kind, #)? _____

_____

❑ Will water be used for one of the following:

- ❑ Commercial (office, retail, motel)
- ❑ Institutional (school, church)
- ❑ Other:_____
- ❑ Industrial (manufacturing, heavy repair)
- ❑ Recreation (park, campground, pond)

partial hookup sites_____ # full hookups_____

If so, please describe the use in detail:_____

_____

_____

_____

_____

_____

_____.

Community Development – Planning Division

700 NW Dimmick Street, Suite C, Grants Pass, OR 97526 (541) 474-5421

SOURCE OF WATER (Check All That Apply)	**QUANTITY TO BE USED** (Estimate)
❑ Surface Water Source (spring, stream, irrigation district):_____ _____ _____ _____ ❑ Reservoir or Pond:_____ ❑ Ground Water: ❑ Individual Well(s) ❑ Shared Well(s) ❑ Community Well(s) *(Indicate the # of wells:_____)* ❑ Sump ❑ Municipal Supply ❑ Water Rights ❑ Yes (Certificate/Permit #_____) ❑ No ❑ Do Not Know	_____ Gallons Per Minute _____ Gallons Per Day _____ Cubic Feet Per Second _____ Acre Feet Remarks:

- - - ATTACH MAP SHOWING LOCATION OF EXISTING AND PROPOSED WELLS - - -

_____
Signature of Applicant

-- OFFICIAL USE ONLY --

Water Right Required ❑ Yes ❑ No

Water Hazard Overlay Zone? ❑ Yes ❑ No Comment:_____

_____

Other Remarks:_____

_____

PUMP TEST REQUIRED? ❑ Yes ❑ No

❑ Major ❑ Minor ❑ Other_____

Date: _____, 20_____ _____

Reviewed By

Rev: 10/16