



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

PARTITION-EASEMENT/PUBLIC USAGE ACCESS

PROPERTY & APPLICATION INFORMATION

ASSESSOR'S LEGAL DESCRIPTION:

TWN _____ RNG _____ SEC _____ QQ _____ TAX LOT _____

TWN _____ RNG _____ SEC _____ QQ _____ TAX LOT _____

PROPERTY ADDRESS: _____

EXISTING ZONING: _____ PARCEL SIZE: _____

PARTITION PLAT NAME: _____

NUMBER OF PARCELS: _____

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 **PARTITION-EASEMENT PUBLIC USAGE ACCESS** 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:

TWN_____, RNG_____, SEC_____, QQ_____

Tax Lot _____

LAND USE PROPOSAL

- | | |
|---|---|
| <input type="checkbox"/> Development Permit
<input type="checkbox"/> Land Partition (# of Lots _____)
<input type="checkbox"/> Subdivision (# of Lots _____)
<input type="checkbox"/> Planned Unit Development | <input type="checkbox"/> Home Occupation
<input type="checkbox"/> Administrative Permit
<input type="checkbox"/> Conditional Use Permit
<input type="checkbox"/> 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:

<input type="checkbox"/> Commercial (office, retail, motel)	<input type="checkbox"/> Industrial (manufacturing, heavy repair)
<input type="checkbox"/> Institutional (school, church)	<input type="checkbox"/> Recreation (park, campground, pond)
<input type="checkbox"/> Other: _____ # partial hookup sites _____ # full hookups _____	

If so, please describe the use in detail: _____

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SOURCE OF WATER (Check All That Apply)	QUANTITY TO BE USED (Estimate)
<input type="checkbox"/> Surface Water Source (spring, stream, irrigation district): _____ _____ _____ <input type="checkbox"/> Reservoir or Pond: _____ <input type="checkbox"/> Ground Water: <input type="checkbox"/> Individual Well(s) <input type="checkbox"/> Shared Well(s) <input type="checkbox"/> Community Well(s) (Indicate the # of wells: _____) <input type="checkbox"/> Sump <input type="checkbox"/> Municipal Supply <input type="checkbox"/> Water Rights <input type="checkbox"/> Yes (Certificate/Permit # _____) <input type="checkbox"/> No <input type="checkbox"/> 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 <input type="checkbox"/> Yes <input type="checkbox"/> No	
Water Hazard Overlay Zone? <input type="checkbox"/> Yes <input type="checkbox"/> No Comment: _____	
Other Remarks: _____	
PUMP TEST REQUIRED? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Major <input type="checkbox"/> Minor <input type="checkbox"/> Other _____	
Date: _____, 20_____	
Reviewed By _____	