

PLAT RE-NAMING APPLICATION



HAPPY VALLEY, OR
EST. 1965

City of Happy Valley
16000 SE Misty Drive
Happy Valley, Oregon 97086
Phone: 503-783-3800 Fax: 503-658-5174

<input type="checkbox"/> Comprehensive Plan/ Zoning Map Amendment	<input type="checkbox"/> Master Plan	File No: _____
<input type="checkbox"/> Conditional Use Permit	<input type="checkbox"/> Temporary Use Permit	Date Rec'd: _____
<input type="checkbox"/> Subdivision	<input type="checkbox"/> Design Review I	
<input type="checkbox"/> Environmental Review Permit	<input type="checkbox"/> Design Review II	
<input type="checkbox"/> Planned Unit Development	<input type="checkbox"/> Property Line Adjustment	FEE: \$ _____
<input type="checkbox"/> Partition	<input type="checkbox"/> Plat Re-Naming	Receipt No: _____
<input type="checkbox"/> Variance	<input type="checkbox"/> Other _____	Staff: _____

APPLICANT INFORMATION

Proposed Change: _____

NAME OF APPLICANT: _____

Mailing Address: _____ City: _____ St _____ Zip _____
Last Name First Name

Applicant is: Legal Owner Agent
Phone Number of Applicant: Work _____ Home _____

Name of Contact Person, (if other than applicant) _____

Mailing Address _____ City: _____ St _____ Zip _____

Phone Number of Contact Person: work _____ Home _____

Site Address: _____

Legal Description T ____ R ____ Section _____ Tax Lot(s) _____

Present use of property: _____

I hereby certify the statements contained herein, along with the evidence submitted, are in all respects true and correct to the best of my knowledge.

Owner's Signature Applicant's Signature
Date: _____ Date: _____

The **Applicant's Statement of Disclosure of Interest** must be completed and included with any application for Comprehensive Plan, Zoning Map Amendments, Variances, Conditional Use Permits, Partitions, Subdivisions, Planned Unit Developments and all Appeals.