

CITY OF HALFWAY
BUILDING or MANUFACTURED HOME

SITE PLAN REVIEW

Date Received: _____

Date Approved: _____

Land Use Zone: _____

Date: _____

Name of Applicant: _____

(If different from landowner attach written authorization to represent landowner)

Address of Applicant: _____

City, State, and Zip Code: _____

Phone: _____

Name of Landowner (if different): _____

Type of Application:

_____ Build _____ Construct _____ Remodel _____ Other

_____ Mobile Home _____ Install

Brief description of project: _____

Frontage on (Street name): _____

Which is a (check one): City Street ____ County Road ____ State Highway ____

Note: If a county road or state highway, an access permit shall be required through them

In Flood Hazard area: (Y/N/) ____ In Fire District: (Y/N) ____

Utilities: City Water (Y/N/) ____ City Sewer (Y/N)

***NOTE:** Does not replace state or county building permit application. Before ANY construction or placement of mobile home a State/County Building Permit must be obtained.

PLANNING DESIGNATION: _____

INTENDED USE OF THE BUILDING/MOBILE HOME IS: _____

Is intended use allowed as an outright use in this zone? (Y/N) ____

If no, is intended use allowed as a conditional use in the zone? (Y/N) ____

If yes, a conditional use application Will Be necessary.

If neither an outright or conditional use, a zoning ordinance amendment will be necessary.

NOTE: All zoning Ordinance amendments must be consistent with the Comprehensive Plan.

ZONING ORDINANCE REQUIREMENTS

TYPE

REQUIREMENTS

DIMENSIONAL STANDARDS: (see article)

(Buildable lots are 5,000 square feet)

Lot Size (L x W) _____

**Front Setback (min. 5 feet) _____

**Side Yard Setback min. 5 feet) _____

Rear Yard Setback (min. 5 feet) _____

Lot Coverage (of building on the site plan) _____

(Building Area divided by lot Area = _____ %)

Building Height (lesser of 2 stories or 28 _____

feet above finished grade maximum)

ADDITIONAL REQUIREMENTS:

**Clear Vision Area (10 feet min. setback) _____

Hazard Areas (compliance with hazard regulations) _____

Parking Spaces (single dwelling – 2 spaces of 9 x 20) _____

NOTE: Fill in applicable dimensional standard or indicate Yes, No, or N/A as appropriate. Also include in this application a drawing on graph paper with dimensions clearly marked for property as well as building(s).

** If corner lot, ask about min. setbacks for lot size.

The issuance or approval of plans and specifications shall not be construed to be a permit for, or an approval of any building or placing of structures, any violation of any of the provisions of the Uniform Building Code as administered by the State of Oregon. No site plan review will be valid except in so far as the work or use which it authorizes is lawful.

I, _____, (CIRCLE ONE: Land owner, Agent*, Representative of Government Unit) certify that the details and information contained in the above application and attachments thereto are true and correct to the best of my knowledge. I understand that a site plan review based on this application will not excuse me from complying with effective Ordinances of the City of Halfway and Statutes of Oregon, despite any errors on the part of the issuing authority in checking this application.

***NOTE:** If agent, attach a written authorization to represent land owner or contract purchaser.

Signature of applicant

Date

I, _____, City Official, attest that the forgoing application and attachments thereto were received by me on the _____ day of _____ from _____ accompanied by the fee (varying from \$50.00 to \$150.00, list amount charged) \$_____

Receipt #: _____

CITY OFFICIAL APPROVAL _____

DATE: _____

Comments: _____

Return to:

City of Halfway, 155B E Record St, P.O. Box 738, Halfway, OR. 97834 or email to: HalfwayCity@gmail.com