

SITE INFORMATION		Office use only:	
Site street address/location		Project #	Work order #
		Procedure <input type="checkbox"/> Type I <input type="checkbox"/> Type II <input type="checkbox"/> Type III <input type="checkbox"/> Type IV	
City, state, ZIP	Assessor's R# (9 digits)	Pre-app #	
		Land use designation	Special Purpose Overlay districts
APPLICANT INFORMATION			
Name of applicant	Name of representative	Previous land use actions	
Name of firm	Name of firm		
Mailing address	Mailing address		
City, state, ZIP	City, state, ZIP		
Phone	Phone		
Email	Email		
ATTACHMENTS		NON-EPLAN SUBMITTALS MUST BE IN COLLATED, FOLDED PACKETS. Rolled plans will NOT be accepted. For number of copies, see handout, submittal checklist, or check with the Planner on Duty. Planner will advise applicant on the number of additional plans and/or narratives needed for further processing.	
<input type="checkbox"/> Submittal checklist* <input type="checkbox"/> Narrative description <input type="checkbox"/> Fee	<input type="checkbox"/> Plans, maps, special reports (see checklist) <input type="checkbox"/> Proof of ownership (deed to all properties) <input type="checkbox"/> Proof of neighborhood meeting*		
YOUR APPLICATION MAY NOT BE ACCEPTED IF ALL ABOVE ATTACHMENTS ARE NOT INCLUDED. * If applicable <input type="checkbox"/> Notarized Letter of Authorization (if there is no owner signature below)			
NOTARIZED SIGNATURES			
By signing, I/we authorize the City of Gresham employees, Hearings Officer, Planning Commissioners, Design Commissioners and all other City of Gresham officers, agents, authorized representatives and/or independent contractors to enter the site described above for inspection of site in conjunction with this land use application.		Notary stamp Notary signature: My commission expires:	
State of Oregon } County of Multnomah } SS			
Signed and sworn to (or affirmed) before me on _____, 20____ by _____ as _____ of _____.			
X _____ Applicant signature	X _____ Representative signature (if signing on behalf of owner)		
APPLICATION FEES			
Submitted to	Date paid	Total non-refundable fee	