

# AGENCY REVIEW & APPROVAL FORM

All information on this form must be filled out and signed by approving agency

## 1. JOB SITE INFORMATION (To be completed by applicant/owner/agent.):

Job Site Address: \_\_\_\_\_ City: \_\_\_\_\_

Owner: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Email: \_\_\_\_\_

Agent: \_\_\_\_\_

Proposed Development/Construction: \_\_\_\_\_

Legal Description: T \_\_\_\_\_ R \_\_\_\_\_ S \_\_\_\_\_ Tax Lot(s) \_\_\_\_\_

## 2. ONSITE WASTEWATER OR LOCAL SEWER DISTRICT:

Permit Needed: Yes  No  Site Approved: Yes  No

Agency Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

Remarks: \_\_\_\_\_

Contact the local sewer district serving your property OR Clatsop County Environmental Health for septic approval

## 3. WATER DISTRICT OR PROOF OF WATER RIGHTS FROM WATER RESOURCES DEPARTMENT

Gallons per minute: \_\_\_\_\_

Agency Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

Remarks: \_\_\_\_\_

Contact the local Water District serving your property OR

Water Resources Dept, 725 Summer St NE Suite 202, Salem, OR 97301 Phone: (503) 986-0900 FAX (503) 986-0904

## 4. FIRE DEPARTMENT/FIRE DISTRICT ACCESS AND WATER SUPPLY REQUIREMENTS:

Water/Fire Flow: \_\_\_\_\_ Number of Hydrants: \_\_\_\_\_ Hydrant Location(s): \_\_\_\_\_

Agency Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

Remarks: \_\_\_\_\_

Contact the local Fire Department serving your property

## 5. MANUFACTURED MOBILE HOME PLACEMENT -----CLATSOP COUNTY ASSESSMENT AND TAXATION:

Agency Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

Remarks: \_\_\_\_\_

Clatsop County Assessment and Taxation, 820 Exchange St Suite 210, Astoria, OR 97103 Phone: (503) 325-8522 FAX (503) 338-3638