



Clatsop County

Community Development
800 Exchange Street, Suite 100
Astoria, Oregon 97103

Phone 503 325-8611 Fax 503 338-3606

comdev@co.clatsop.or.us www.co.clatsop.or.us

Development Permit

Fee: \$85

INSTRUCTIONS:

1. Complete all attachments on the forms provided, including plot plan, erosion control plan, agency review form, etc.
2. For commercial and industrial uses, include parking and loading plan and sign plan.
3. Review applicant's statement and provide signatures of all owners of record and applicants.

Proposed Use: _____

Base Zone: _____ Overlay(s): _____

Project Location: Property Address: _____

T _____ R _____ S _____ TL _____ Acres _____

Owner(s): _____ Email: _____

Address: _____ City/State/Zip: _____

Phone: _____ Phone: _____

Applicant: _____ Email: _____

Address: _____ City/State/Zip: _____

Phone: _____ Phone: _____

Other: _____ Email: _____

Address: _____ City/State/Zip: _____

Phone: _____ Phone: _____

SIGNATURES: I have read and understand the statements **ON THE BACK OF THIS FORM** and agree to abide by them. **All owners of record**, per Clatsop County Assessment records, **must sign the application**. Representatives of public agencies, corporations, trusts, etc. must provide documentation of signing authority (Power of Attorney, Trust Document, etc.)

Signature: _____ Date: _____

Signature: _____ Date: _____

Signature: _____ Date: _____

Signature: _____ Date: _____

1. Pertaining to the subject property described, I hereby declare that I am the legal owner of record, or an agent having the consent of the legal owner of record, and am authorized to make the application for a Development Permit/Action so as to obtain the necessary building permits, sanitation permits, US Army Corps of Engineers permits, Oregon Division of State Lands permits, Oregon Department of Transportation permits, Oregon Department of Parks and Recreation permits, or Clatsop County road approach permits. I shall obtain any and all necessary permits and complete the conditions of approval as required herein within 180 days of the issuance of this permit before I do any of the proposed uses or activities. The statements within this application are true and correct to the best of my knowledge and belief. I understand that if the permit authorized was based on false statements or misrepresentation or it is determined that I have failed to fully comply with all conditions attached to and made a part of this permit, this permit approval is hereby revoked and null and void.
2. It is expressly made a condition of this permit that I at all times fully abide by all state, Federal and local laws, rules, regulations governing my activities conducted or planned pursuant to this permit.
3. As a condition for issuing this Development Permit/Action the undersigned agrees that he/she will hold Clatsop County harmless from and indemnify the County for any and all liabilities to the undersigned, his/her property, or any other person or property, that might arise from any and all claims, damages, actions, causes of action or suits of any kind or nature whatsoever which might result from the signer's failure to build, improve or maintain roads which serve as access to the subject property or from the undersign's failure to fully abide by any of the conditions included in or attached to this permit.
4. WAIVER OF VESTED RIGHTS DURING APPEAL PERIOD FOR ZONING AUTHORIZATION. I have been advised that this Land and Water Development permit/Action by the Clatsop County Community Development Director may be appealed within twelve calendar days of the date of permit issuance and authorization (note: if the twelfth day is a Saturday, Sunday or legal holiday, the appeal period lasts until the end of the next day which is not a Saturday, Sunday or legal holiday). I understand that if the approval authorized by the County and referenced above is reversed on appeal, then the authorization granted prior to the end of the appeal period will be null and void. I further understand and consent to the fact that any actions taken by me in reliance upon the authorization granted during the appeal period shall be at my own risk, and that I hereby agree not to attempt to hold Clatsop County responsible for consequences or damages in the event that removal of improvements constructed during the appeal period is ordered because an appeal is sustained.
5. I am aware that failure to abide by applicable Clatsop county Land and Water Development and Use Ordinance 80-14, as amended, and Standards Document regulations may result in revocation of this permit or enforcement action by the County to resolve a violation and that enforcement action may result in levying of a fine.
6. I understand that a change in use, no matter how insignificant, may not be authorized under this permit and may require a new Development Permit/Action. You should check with the Clatsop County Community Development Department.
7. This Development Permit/Action expires 180 days from the date of issuance unless substantial construction or action pursuant to the permit has taken place. Upon expiration, a new development permit must be obtained.

Setbacks	Required	Actual	Notes
(N, S, E, W) Front	_____	_____	Determined by direction of access to the property not front of building direction
(N, S, E, W) Side	_____	_____	_____
(N, S, E, W) Side	_____	_____	_____
(N, S, E, W) Rear	_____	_____	_____

Structure Height

- 18 feet maximum Oceanfront (Zones RSA-SFR, CBR, CR)
 27 feet maximum 35 feet maximum Other _____

Sewage Disposal

- None Required
 Public Sewer Agency Name: _____
 Private Sewer Permit# or Sign Off: _____
 Subsurface System

Water Requirements

- None Required
 Private Water Source Describe: _____
 Public Water Source Agency Name: _____
 Well, Sprint, etc. Potability Test and/or Watermaster Certificate attached

Other

- Access – County or ODOT Permit# _____
 Average Grade Calculations _____
 Beaches & Dunes Stabilization and/or Revegetation
 Coastal Shorelands
 Conditional Use Permit # _____
 Deed Restriction County Clerk Recording # _____
 DSL Wetland Fill/Removal Permit# _____

Erosion Control Plan

- Engineering Report
 Fire District Sign Off Agency Name: _____

Firebreak, clear and maintain firebreak of at least _____ feet radius around proposed structure.

- Floodplain Permit# _____
 Geologic Hazard or Waiver Permit# _____
 Lot Coverage _____

Outdoor Lighting Plan

- Parking Plan

Plot Plan

- Post Construction Survey
 Resource Zone Certification County Clerk Recording # _____
 Road Improvement

Stormwater Drainage Plan

- Temporary Use Permit # _____

All highlighted items are **required** to constitute a complete application submission

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

Residential Plot Plan

Proposed Use: _____

Owner(s): _____

Applicant: _____

Map & Tax Lot: _____

Situs Address: _____

Must include all of the following information in the space provided below

All property lines

Location of all existing and proposed structures and distances of each structure from **ALL** property lines

Distance of all structures from surface waters (lakes, streams, wetlands, etc.)

Location of all waste water systems, including septic tanks, drain fields, holding tanks, etc.

Location of all access roads, driveways, parking and easements

Storm water drainage plan

Identify the location(s) and type(s) of outdoor lighting to be installed

North

West

East

South

SOIL EROSION CONTROL PLAN

Proposed Use: _____

Owner(s): _____

Applicant: _____

Map & Tax Lot: _____

Situs Address: _____

Must Include all of the following information in the space provided below:

Streets, roadways, and driveways leading to the property and designated vehicle parking areas

All property boundaries

All current and proposed structures on the site

Arrows showing the direction(s) stormwater will flow off the property

Areas of undisturbed vegetation

Areas of disturbed soil, vegetation removal and soil stockpiles

Revegetation plan

All items must be legibly labeled

North

West

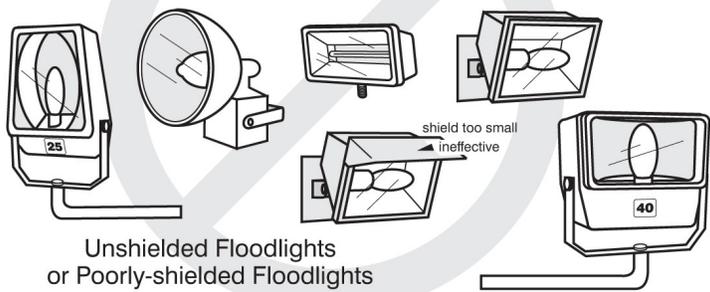
East

South

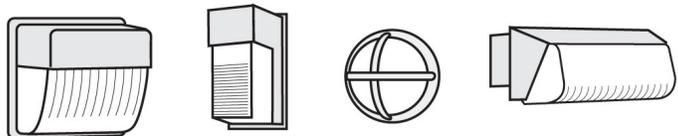
Examples of Acceptable / Unacceptable Lighting Fixtures

Unacceptable / Discouraged

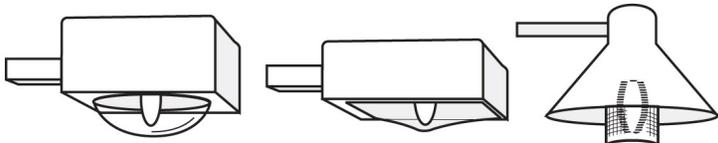
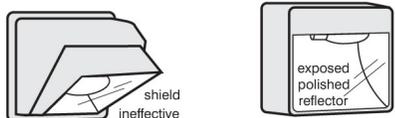
Fixtures that produce glare and light trespass



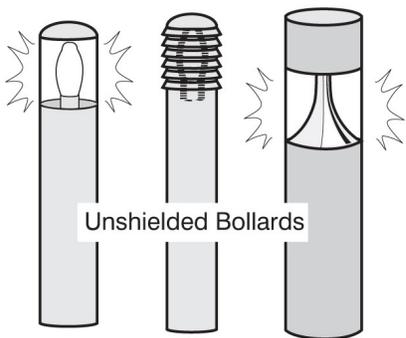
Unshielded Floodlights or Poorly-shielded Floodlights



Unshielded Wallpacks & Unshielded or Poorly-shielded Wall Mount Fixtures

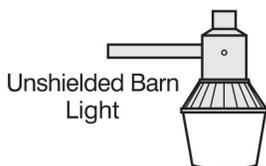


Drop-Lens & Sag-Lens Fixtures w/ exposed bulb / refractor lens

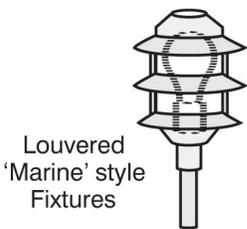


Unshielded Bollards

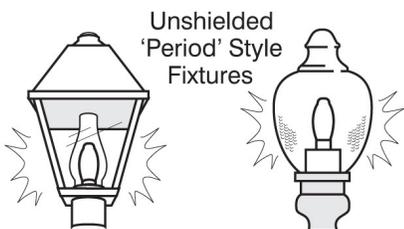
Unshielded Streetlight



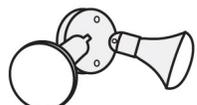
Unshielded Barn Light



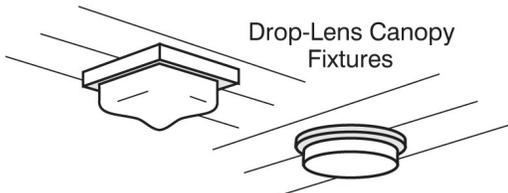
Louvered 'Marine' style Fixtures



Unshielded 'Period' Style Fixtures



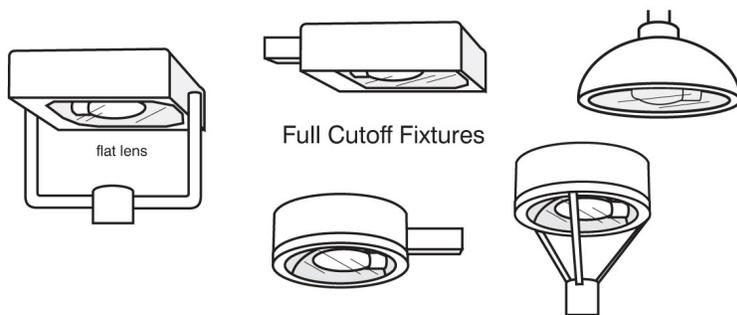
Unshielded PAR Floodlights



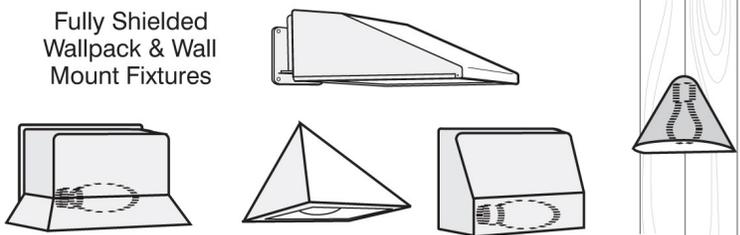
Drop-Lens Canopy Fixtures

Acceptable

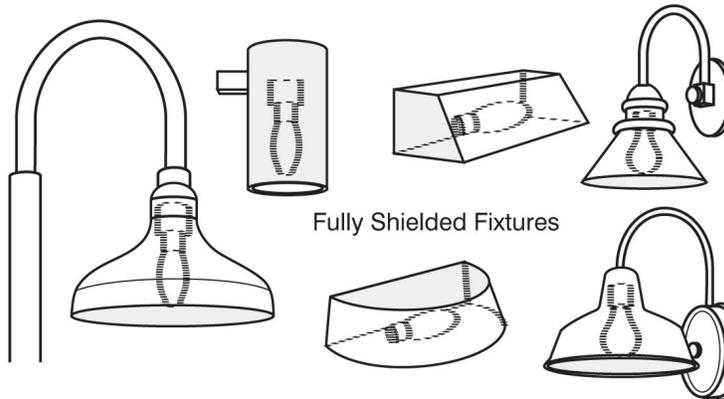
Fixtures that shield the light source to minimize glare and light trespass and to facilitate better vision at night



Full Cutoff Fixtures



Fully Shielded Wallpack & Wall Mount Fixtures

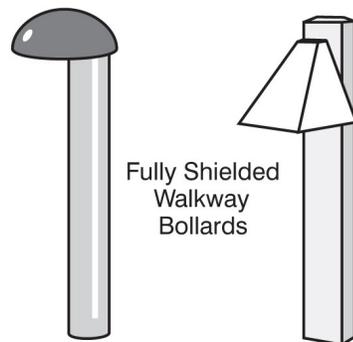


Fully Shielded Fixtures

Full Cutoff Streetlight



Fully Shielded Barn Light

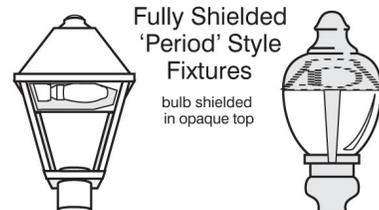


Fully Shielded Walkway Bollards



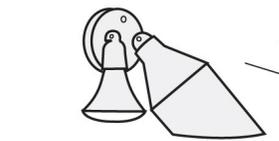
Fully Shielded Decorative Fixtures

bulb shielded in opaque top

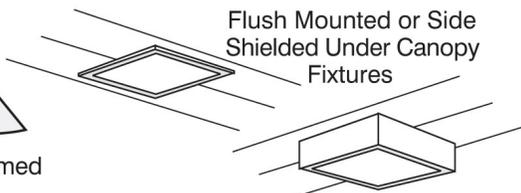


Fully Shielded 'Period' Style Fixtures

bulb shielded in opaque top



Shielded / Properly-aimed PAR Floodlights



Flush Mounted or Side Shielded Under Canopy Fixtures