

CITY OF MANZANITA
543 Laneda Avenue
P.O. Box 129
Manzanita, OR 97130
Ph: (503) 368-5343 Fax (503) 368-4145

Application for Subdivision

Applicant Name _____ Phone _____

Address _____ City _____ State _____ Zip _____

PROPOSED SITE LOCATION

Assessors Map, Page, Location _____ Tax Lot (s) _____

REQUIRED INFORMATION

Submittal of preliminary plans shall be accompanied by the information specified in Sections 5 through 12 from the attached copy of the Subdivision Ordinance.

I, _____, certify that I am the owner or authorized agent of the owner of the proposed site. (If authorized agent, attach written authority).

Signature of owner or authorized agent of owner; please indicate which. Date _____

Application Fee: \$450.00 plus \$20 per lot as a non refundable deposit. In the event the City incurs processing expenses in excess of the \$450 plus \$20 per lot, payment of such expenses shall be a condition of final approval