



# ZONING PERMIT

City of Boardman  
Community Development Dept.  
P.O. Box 229  
Boardman Oregon 97818  
(541) 481-9252  
FAX: (541) 481-3244

File Number \_\_\_\_\_ Date Received \_\_\_\_\_ Date Completed \_\_\_\_\_ Fee \_\_\_\_\_

**Applicant / Contractor:** Name(s) \_\_\_\_\_

Mailing Address \_\_\_\_\_

Phone \_\_\_\_\_ E-mail address \_\_\_\_\_

**Legal Owner** (if different from applicant):

Name(s) \_\_\_\_\_

Address \_\_\_\_\_

**Property Description:**

Township \_\_\_\_\_ Range \_\_\_\_\_ Section \_\_\_\_\_ Tax Lot \_\_\_\_\_

Physical Address \_\_\_\_\_

Subdivision/Partition \_\_\_\_\_ Parcel Zoning \_\_\_\_\_

Proposed Set Backs: Lot Width \_\_\_\_\_ ft. Lot Depth \_\_\_\_\_ ft.

Front \_\_\_\_\_ ft. Side \_\_\_\_\_ ft. Side \_\_\_\_\_ ft. Rear \_\_\_\_\_ ft.

Proposed Structures: 1. \_\_\_\_\_ Sq Ft \_\_\_\_\_ Baths \_\_\_\_\_

2. \_\_\_\_\_ Sq Ft \_\_\_\_\_ Baths \_\_\_\_\_

3. \_\_\_\_\_ Sq Ft \_\_\_\_\_ Baths \_\_\_\_\_

**Plot Plan:** Attach a plot plan showing where on the lot the structures will be located. Identify setbacks, existing structures, location of access, septic system, drain field, and well if applicable. The drawing does not need to be to scale.

**Certification:** I, the undersigned, acknowledge I agree to the standards and limitations set forth by the Boardman Development Code. I propose to meet all standards set forth by the Boardman Development Code and any applicable State and Federal regulations. I certify that the statements and information provided with this application are true and correct to the best of my knowledge.

Signed: \_\_\_\_\_  
(Applicant / Contractor)

\_\_\_\_\_  
(Legal Owner)

Printed: \_\_\_\_\_  
(Applicant / Contractor)

\_\_\_\_\_  
(Legal Owner)

**If this application is not signed by the property owner, a letter authorizing signature by the applicant must be attached.**

Planning Approval Signature \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**CITY OF BOARDMAN FEE SCHEDULE**

<b><u>PLANNING APPLICATIONS / REVIEW TYPE</u></b>	<b><u>*FEE AMOUNT</u></b>
1. Variance	\$150.00
2. Property Line Adjustment	\$50.00
3. Conditional Use Permits	\$300.00
4. Zone Change (Map or Tax Amendment)	\$400.00
5. Comprehensive Plan Amendment	\$400.00
6. Land Partition	\$300.00
7. Sign Permit	\$15.00 per side

**SITE PLAN REVIEW, UTILITY AND NATURAL RESOURCE IMPACTS, COST ASSESSMENT, LAND USE COMPATIBILITY STATEMENTS, AND ZONING REVIEW**

1. Single –family Residence	(1 Unit)	\$50.00
2. Multi-family Residence	(# of Units)	\$50.00/unit
3. Sub-Division	(# of Lots = # of Units)	\$50.00/unit
4. Commercial	(1 Unit = 9 employees or 3 fixtures)**	\$50.00/unit
a. Restaurant, Lounges, Taverns, Clubs, etc.	(1 Unit = 10 Seat Capacity)	\$50.00/unit
b. Hospitals	(1 Unit = per 2 beds)	\$50.00/Unit
c. Hotels, Motels, RV Parks	(1 Unit = per 3 units)	\$50.00/Unit
5. Industrial	(1 Unit/\$100,000 value)	\$50.00/Unit

\*Non-refundable fee to be paid at the time of application

\*\*Whichever is greater