City Of Scotts Mills

265 4th Street PO Box 220, Scotts Mills, OR 97375 City Hall Phone (503) 873-5435 Fax (503) 873-5435

E-mail clerk@scottsmills.org Website www.scottsmills.org Office Hours: Monday, Wednesday, Friday 8:30 am to 2:00 pm

Access Permit Application Form

| Applicant/Owner: | |
|---|----------------------------------|
| Name | |
| Address of subject property: | |
| Marion County Map No.(s), if available: | |
| Marion County Parcel No.(s), Marion County Tax Account No. (s) | |
| Addition/Subdivision Name (if available) | |
| LOT. BIOCK: | |
| Mailing Address: City/State/Zin: | |
| city/State/Zip. | |
| Contact Phone: () | |
| The owners of record of the subject property do hereby request per | rmission to: |
| (In the interest of clarity and correctness, please be as specific as possible. If you non another piece of paper.) Fees and Deposits: | need more space, please continue |
| Application Type: | |
| Application Fee (fee is non-refundable: | |
| Land Use Deposit Fee: | |
| A complete application must include the following: A site map of the property drawn to scale showing the following: existing easements, and the location and dimensions of existing and proposed dri streets within or abutting to the subject property. A description of how the proposed development complies with the access found in chapter 3.1- access and circulation, section 3.1.2 of the Scotts M | iveways and public and private |
| For City Use Only | |
| Application accepted by: | Date: |
| Application Determined Complete on this date: | |
| Application determined complete by: | |
| | |

Land Use Fee Schedule Acknowledgement and Agreement

A deposit is required for land use applications. The deposit is due at the time of the application and is nonrefundable.

Costs are paid out of the deposit first, any fees that are incurred will be billed as they come in. Payments of these fees is due within 10 days of the billing date. A \$50 late fee will be assessed on the 11th day after billing and again every 10 days thereafter until the bill is paid in full. Failure to pay the bill could result in a stop work order and/or a lien on the property.

| By signing below, you acknowledge that you have explained above. | e read, understan | d, and agree to | stipulations |
|--|-------------------|-----------------|--------------|
| Applicant's Signature | Date | | |
| Applicant's Printed Name Type of land use application included with agreen | nent: | | |
| | | | |
| Type of land use application included with agreem Application and agreement accepted by: | nent: | | |