

## City of Portland, Oregon - Bureau of Development Services



1900 SW Fourth Avenue - Portland, Oregon 97201 | 503-823-7300 | www.portlandoregon.gov/bds

<b>Lot Confirmation R</b>	Request	File Number:				
FOR INTAKE, STAFF USE ONLY Date Received		[Y] [N] Unincorporated MC				
		Plan District				
Received By		Bill #				
Qtr Sec Map(s)		Building Permit #				
Zoning		Related File#				
APPLICANT: Complete all se	ctions below that	t apply to the request. Please print legibly.				
Applicant submit an 8.5 x 11 inch s	site plan, drawn to so	cale, with the following information:				
All property lines, including the control of the	hose to be confirmed.					
All buildings on the site, inclu	uding garages and she	eds.				
The dimensions of all buildin to be confirmed.	gs and their distance	from the property lines, existing and those requested				
All driveways and other vehice	cle areas with dimensi	ons and paving material (gravel, asphalt, concrete, etc.).				
☐ A filing fee made payable to	City of Portland.					
survey and deed history to make a corresidential development is within thre on the type of development and avail	onfirmation. A survey is be-feet of the property able information. The s of be submitted to the a	s submittal, BDS may request additional information such as a stypically required when it appears that the location of 1-2 family line to be confirmed or for commercial development dependent survey must be stamped and signed by a registered licensed appropriate county Assessment and Taxation Department for and				
Development Site Address or Location						
Cross Street	Sq. ft./Acreage					
Site Tax Account Number(s)						
R	R	<u>R</u>				
R	R	<u>R</u>				
Describe which lots or lots of reco	ord are being confirn	ned and how the lots will be configured.				

**CONTINUED / OVER** 

Applicant Informal Identify the applicant, son that has an interest	contact person,			ontract purchaser below. Please includ otified.	de any per-
Name					
Street Address					
				Zip Code	
Day Phone		FAX		email	
Check all that apply	☐ Applicant	Owner	Other		
Name					
Street Address					
				Zip Code	
Day Phone		FAX		email	
Check all that apply	☐ Applicant	Owner	Other		
Name					
Street Address					
				Zip Code	
Day Phone		FAX		email	
Check all that apply	☐ Applicant	Owner	Other		
Name					
Street Address					
City			State	Zip Code	
Day Phone		FAX		email	
curacy of the information for gaining the permissio ity statement with them. property. By my signature	submitted. The in n of the owner(s) of The City of Portlar e, I indicate my un n submitting this	formation being of the property I ad is not liable if derstanding and samplication	g submitted includes a isted above in order to f any of these actions a d agreement to the Re		o responsible e responsibil- r(s) of the
Phone number			Date		