



City of Umatilla, Oregon
ZONING PERMIT
Urban Growth Area
 (Requires site plan drawn to scale)

****For Planning Official Use Only****

Permit # _____
 Issued By: _____
 Date Issued: _____

APPLICANT/OWNER INFORMATION

APPLICANT _____ PHONE _____
 ADDRESS _____ CITY _____ STATE _____ ZIP _____
 PROPERTY OWNER _____ PHONE _____
 ADDRESS _____ CITY _____ STATE _____ ZIP _____

PROPERTY INFORMATION

1. ADDRESS _____ CITY _____ STATE _____ ZIP _____
 2. MAP # (T-R-S) _____ TAX LOT _____
 Lot Size _____ X _____ X _____ (Acres) _____
 3. PROPOSED USE _____
 4. VALUATION OF WORK (materials & labor) _____
 5. EXISTING DEVELOPMENT _____
 6. ZONING _____
 7. OVERLAY ZONES _____
 8. ACCESS City Street County Road State Hwy Private Rd
 Name of Road _____ Road # _____
 9. WATER SUPPLY City Water Private Well
 10. SANITATION City Sewer Private System (type) _____
 DEQ Permit # (if private) _____
 11. HEIGHT & SETBACKS
 Building Height _____ (from finished grade)
 Front Yard _____ L. Side Yard _____
 Rear Yard _____ R. Side Yard _____
 Riparian _____
 12. MANUFACTURED HOME Year _____ Sq. Ft. _____
 Make/Model _____

Note: Per Section 10-11-8 of the City of Umatilla Zoning Ordinance (CUZO), a manufactured home must be multi-sectional, at least 1,000 square feet in size, have a pitched roof, exterior siding and roofing similar in color, material and appearance commonly used on residential dwellings. The manufactured home must have been constructed prior to July 1, 1976 and comply with ORS 455.010.

APPLICANT'S SIGNATURE AND CONSENT AGREEMENT

I hereby certify that, to the best of my knowledge the above information is true and correct. All work to be performed shall be in accordance with all governing laws and rules. I agree to comply with all conditions of approval that may be attached to this permit. I understand that separate permits are required for electrical, plumbing, and mechanical work. I further understand that, as the applicant, I am responsible for knowing whether the proposed use is limited or prohibited by any deed restrictions, easements or other encumbrances on the property, and I certify that all owners of the property consent to the use of the property for which application has been made herein.

1. APPLICANT'S SIGNATURE _____ DATE _____
 2. PROPERTY OWNER'S SIGNATURE _____ DATE _____

*****For Official Use Only*****

PLANNING/ZONING REVIEW

1. LAND USE COMPATIBILITY Outright Use Subject to Standards Conditional Use PERMIT # _____
 2. BUILDING SETBACKS/MAXIMUM HEIGHT COMPLY? Yes No 3. FLOODZONE* Yes No If Yes, Zone _____
 4. WETLANDS* Yes No If Yes, Type _____ FEMA Map # _____ Base Flood Elevation _____
 5. ZONING AUTHORIZATION Approved Denied Reason for Denial _____

PLANNING SIGNATURE _____ Title _____ Date _____

* See notes on back for explanation if Yes.

PERMIT FEE

TOTAL BUILDING/WATER/SEWER/RELATED FEES DUE \$ _____ (columns A+B+C) Receipt No. _____

Conditions of Permit Approval:

1. _____
2. _____
3. _____
4. _____
5. _____

NOTES:

1. When property is located in a floodzone, additional regulations may apply to the building or foundation design or to other changes to the site.
2. Permits for property wholly or partially within a wetland area identified on the Statewide Wetlands Inventory require the City to provide notice to the Oregon Division of State Lands (DSL) which may require a permit for removal or fill, or any other alteration to the site prior to the start of construction.
3. Separate plumbing, electrical and mechanical permits must be obtained.

***** Call 811 or 1-800-332-2344 Before You Dig *****



Umatilla County Public Health
Environmental Health Division



Land Use Compatibility Statement

This form must be completed by the Umatilla County Planning Department to ensure the proposed activity is consistent with zoning and land use regulations. Please submit completed form to Umatilla County Environmental Health.

Section 1: To be completed by the applicant:

Applicant Name: _____ Telephone: _____
Mailing Address: _____ Email: _____
City: _____ State: _____ Zip Code: _____

Property Information:

Property Owner: _____ Physical Address: _____
Township: _____ Range: _____ Section: _____ Tax Lot No: _____ Account #: _____
Map: _____ Directions to property: _____

Describe the proposed use: (Use additional pages as needed)

1) _____

Section 2: To be completed by the Planning Department

Property Zoning: _____ Location is: Inside UGB Outside UGB
Subject to: County Jurisdiction Shared City/County Jurisdiction City Jurisdiction
 Permit Not Required
 Permit Required Zoning Permit Design Review Conditional Use Land Use Decision
 Permit(s) Issued: _____

Print Name: _____ Title: _____

Planning Official Signature: _____ Date: _____

Telephone: _____ Email: _____

Umatilla County Environmental Health
200 SE 3rd Street
Pendleton, OR 97801
Ph: (541)278-6394
Fax: (541)278-5433
health@umatillacounty.net

Umatilla County Planning Department
214 SE 4th Street
Pendleton, OR 97801
Phone: (541)278-6252
Fax: (541) 278-5480
planning@umatillacounty.net



Structural Permit Application

Department of Consumer and Business Services
Building Codes Division • Pendleton Field Office
 800 S.E. Emigrant Ave., #360, Pendleton, OR 97801
 800-452-8156 or 541-276-7814 • Fax: 541-276-9244
 Web: bcd.oregon.gov

DEPARTMENT USE ONLY

Permit no.:	
This project has final land-use approval: Signature:	DEQ approved: Signature:

This permit is issued under OAR 918-460-0030. Permits expire if work is not started within 180 days of issuance or if work is suspended for 180 days.

Flood plain? Yes No

CATEGORY OF CONSTRUCTION

<input type="checkbox"/> Residential	<input type="checkbox"/> Commercial
<input type="checkbox"/> Detached accessory structure building	<input type="checkbox"/> Accessory
<input type="checkbox"/> Manufactured dwelling	<input type="checkbox"/> Industrial
<input type="checkbox"/> Single-family dwelling	<input type="checkbox"/> Mixed use
<input type="checkbox"/> Two-family dwelling	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Townhouses	<input type="checkbox"/> Other
<input type="checkbox"/> Other	

TYPE OF CONSTRUCTION

<input type="checkbox"/> Addition	<input type="checkbox"/> Alteration	<input type="checkbox"/> Other
<input type="checkbox"/> Move	<input type="checkbox"/> New	<input type="checkbox"/> Tenant improvement
<input type="checkbox"/> Repair	<input type="checkbox"/> Replacement	

APPLICANT INFORMATION

Name: _____

Mailing address: _____

City/state/ZIP: _____

Phone: _____ Mobile phone: _____

Email: _____

JOB SITE INFORMATION AND LOCATION

Job site address: _____

City/state/ZIP: _____

Project name: _____

Directions to job site: _____

Parcel no.: _____

PROPERTY OWNER INSTALLATION

Name: _____

Mailing address: _____

City/state/ZIP: _____

Phone: _____ Mobile phone: _____

Email: _____

This installation is being made on residential or farm property owned by me or a member of my immediate family.

Sign here:

CONTRACTOR INSTALLATION

Business name: _____

Address: _____

City/state/ZIP: _____

Phone: _____ Mobile phone: _____

Fax: _____ Email: _____

CCB license no.: _____

Signature: _____

LOCAL GOVERNMENT APPROVAL

Zoning approval verified? Yes No

VALUATION INFORMATION

Job description: _____

Declared job value: \$ _____

Occupancy type: _____

Occupancy load: _____

Number of housing units: _____

Number of buildings: _____

Publicly owned: Yes No

New building square footage: _____

Existing building square footage: _____

Number of stories: _____

Building height: _____ feet _____ inches

Existing fire sprinklers: Yes No

Fire sprinklers included in project: Yes No

Existing fire alarm system: Yes No

Fire alarms included in project: Yes No

