



### LAND USE APPLICATION FORM

**Type I (OCMC 17.50.030.A)**

- Compatibility Review
- Lot Line Adjustment
- Non-Conforming Use Review
- Natural Resource (NROD) Verification

**Type II (OCMC 17.50.030.B)**

- Extension
- Detailed Development Review
- Geotechnical Hazards
- Minor Partition (<4 lots)
- Minor Site Plan & Design Review
- Non-Conforming Use Review
- Site Plan and Design Review
- Subdivision (4+ lots)
- Minor Variance
- Natural Resource (NROD) Review

**Type III / IV (OCMC 17.50.030.C)**

- Annexation
- Code Interpretation / Similar Use
- Concept Development Plan
- Conditional Use
- Comprehensive Plan Amendment (Text/Map)
- Detailed Development Plan
- Historic Review
- Municipal Code Amendment
- Variance
- Zone Change

**File Number(s):** \_\_\_\_\_

**Proposed Land Use or Activity:** Master Plan Modification and Comprehensive Plan Amendment/Zone Change

**Project Name:** Providence Willamette Falls (PWF) Medical Center **Number of Lots Proposed (If Applicable):** \_\_\_\_\_

**Physical Address of Site:** 1500 Division Street, Oregon City, OR 97045

**Clackamas County Map and Tax Lot Number(s):** 22E32AB TL 3100, 3000; 22E32AB TL 3900, 4000, 4100, 4200

**Applicant(s):**

**Applicant(s) Signature:** *Russell Reinhard*

**Applicant(s) Name Printed:** Russell Reinhard, Chief Executive; PWF Medical Center **Date:** 8/7/2015

**Mailing Address:** 1500 Division Street, Oregon City, OR 97045

**Phone:** 503-656-1631 **Fax:** \_\_\_\_\_ **Email:** Russell.Reinhard@providence.org

**Property Owner(s):**

**Property Owner(s) Signature:** *Russell Reinhard*

**Property Owner(s) Name Printed:** Russell Reinhard, Chief Executive; PWF Medical Center **Date:** 8/7/2015

**Mailing Address:** 1500 Division Street, Oregon City, OR 97045

**Phone:** 503-656-1631 **Fax:** \_\_\_\_\_ **Email:** Russell.Reinhard@providence.org

**Representative(s):**

**Representative(s) Signature:** *Stefanie Slyman*

**Representative (s) Name Printed:** Stefanie Slyman, AICP; Harper Houf Peterson Righellis Inc. **Date:** 8/7/2015

**Mailing Address:** 205 SE Spokane Street, Suite 200; Portland, OR 97202

**Phone:** 503-221-1131 **Fax:** \_\_\_\_\_ **Email:** stefanies@hhpr.com

*All signatures represented must have the full legal capacity and hereby authorize the filing of this application and certify that the information and exhibits herewith are correct and indicate the parties willingness to comply with all code requirements.*