

Community Development - Planning

221 Molalla Ave. Suite 200 | Oregon City OR 97045 Ph (503) 722-3789 | Fax (503) 722-3880

LAND USE APPLICATION FORM

Tuno 1 /0 CB4C 17 FO 020 A)	T II (OCREC 47 FO 020 D)	T III / IV/0.0840.47 FO 000.0\
Type I (OCMC 17.50.030.A) ☐ Compatibility Review	<u>Type II (OCMC 17.50.030.B)</u> ☐ Extension	Type III / IV (OCMC 17.50.030.C)
☐ Lot Line Adjustment	Detailed Development Review	☐ Annexation
☐ Non-Conforming Use Review	☐ Geotechnical Hazards	☐ Code Interpretation / Similar Use☐ Concept Development Plan
☐ Natural Resource (NROD)	☐ Minor Partition (<4 lots)	☐ Conditional Use
Verification	☐ Minor Site Plan & Design Review	☐ Comprehensive Plan Amendment (Text/Map)
vermeation	☐ Non-Conforming Use Review	☐ Detailed Development Plan
	☐ Site Plan and Design Review	☐ Historic Review
	☐ Subdivision (4+ lots)	☐ Municipal Code Amendment
	☐ Minor Variance	☐ Variance
	☐ Natural Resource (NROD) Review	☐ Zone Change
	a Natural Nesource (MNOD) Neview	Ca Zonie Change
max		
File Number(s): PA 15-02		n or report and the state of th
Proposed Land Use or Activity: <u>Co</u>	omprehensive Plan Amendmer	nt (from LUR and MR to MUC) and Zone
Change (from R-3.5, R-6 and	d R-10 to MUC-2)	
Project Name: Hilltop Plan Ame	endment Number	of Lots Proposed (If Applicable): n/a
Physical Address of Site: 14228, 142		plelane Ct., 14375 Maplelane Rd., and 3391 Beavercreek Rd.
Claskamas County Man and Tayla	Map 32E04C, TL 700,702, 900,	1201, 1300, 1400, 1500, 1600; Map 32E04CD TL 3300, 5900 6000
Clackarnas County Wap and Tax Lo	or Number(s):	
Applicant(s): Applicant(s) Signature:	toric Properties, L	LC. by Smie w Full manage
	Fowler for Historic Properties, L	
Mailing Address: 1300 John Ada	ams Street, Oregon City, OR	97045
Phone: 503-655-1455	Fax: 503-650-1970	Email: danf@abernethycenter.com
Property Owner(s): Property Owner(s) Signature:	istric Properties LLC (same	by Smille Hevler manager as above) Date: 7/21/15
		Date: () 21 / ()
Mailing Address: <u>Same</u>		
Phone:	Fax:	Email:
Representative(s): Representative(s) Signature:	Thomas wel	
Representative (s) Name Printed: T		Date: 7-21-2015
Mailing Address: 375 Portland Av	venue Gladsfone OR 97027	
Mailing Address:	vollad, diadotolio, dit didel	

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.