General Land Use Application

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Name of Project:	
Location or Address:	

Map & Tax Lot #	**T:**	**R:**	**Section:**	**Tax Lot (s):**

Request:

- I am the (check one) ☐ owner ☐ lessee of the property listed above, and the statements and information contained herein are in all respects true, complete and correct to the best of my knowledge and belief.
- With submission of this application, I authorize representatives of the City of Sandy to access the property for the purpose of site investigation associated with this application.

Applicant (if different than owner)	Owner
Address	Address
City/State/Zip	City/State/Zip
Email	Email
Phone	Phone
Signature	Signature

Staff Use Only

File #:	Date:	Fee$:	Planner:
Type of review:	Type I ☐	Type II ☐	Type III ☐ Type IV ☐
Has applicant attended a pre-app?	Yes ☐	No ☐	If yes, date of pre-app meeting:

Development Services Department, 39250 Pioneer Blvd, Sandy, OR 97055, 503.489.2160

Email: planning@ci.sandy.or.us