

General Land Use Application

1 page

com

Name of Project:	Van	a, trog	nternationa	l
Location or Address:				andy 97055
Map & Tax Lot # T:		R:	Section:	Tax Lot (s):
Request: Remo	red 1	Fractur	ed/Hazardo	ous Fir on East
are	in all respects true		rrect to the best of my kno	nents and information contained herein wledge and belief.
Applicant (if different th	nan owner) Vee SUSC		Owner Van P	ort Int
Address Pobox	308	//.	Address 285°	10 SE Wally Rd
City/State/Zip	ew or	17024	City/State/Zip	30
City/State/Zip	ew or	7.	City/State/Zip	OR 97009
City/State/Zip Fair Vi Email INFO	richst	vee.net	City/State/Zip Email Phone City/State/Zip	OR 97009 natch@Vanport-in
City/State/Zip Fair Vi Email INFO		vee.net	City/State/Zip Email Phone City/State/Zip	OR 97009
City/State/Zip Fair Vi Email INFO CO Phone 503-41 Signature	richst	vee.net	Email Phone Signature	OR 97009 natch@Vanport-in 333-7888
City/State/Zip Fair Vi Email INFO C Phone 503-41 Signature File #:	richst 05-2133 Lle Date:	vee.net	City/State/Zip Boying Email Yywn N Phone 503 Signature NIA Ff Use Only Planne	OR 97009 natch@Vanport-in 333-7888



39250 Pioneer Blvd Sandy OR 97055

Phone: 503-668-0880 building@ci.sandy.or.us

CREDIT CARD AUTHORIZATION FORM

Company Name:	Kich's I've Service
Project Address:	39251 Hood St
	Sandy, OR 97055
Day Time Phone #:_	503 465-2133
Credit Card Type:	✓ Visa MasterCard
	Discover American Express (except building division permit
Credit Card #:	47615385 7056 8212
Expiration Date:	Credit Card ID No.: 535 (last three digits on the back of the credit card
Authorized Amounts	<u>\$ 11000</u>
I authorize the City of Sa I agree that I will pay for	dy to charge the agreed amount listed above to my credit card provided herein. this purchase in accordance with the issuing bank cardholder agreement.
Card Holder Comple	te The Information Below:
Print Name: <u>Jen</u>	nifer A Taylor Date: 2-9-23
Signature:	2
Billing Address:	P. Box 308
City/State/Zip:	Fairview of 97024
CITY USE ONLY: Date Rec	d: Processed by: