



**City of Maupin**  
 507 Grant Ave.  
 PO Box 308  
 Maupin, Oregon 97037

**Zoning Application for Building Permit**

541-395-2698  
 citymanager@cityofmaupin.org  
 cityofmaupin.org

**OFFICE USE ONLY**

SITE PLAN REVIEW #	DATE RECEIVED	APPLICATION FEES PAID <input type="checkbox"/>
ZONING ORDINANCE ADMINISTRATOR SIGNATURE & DATE		
<input type="checkbox"/> APPROVED AS SUBMITTED	<input type="checkbox"/> APPROVED WITH CONDITIONS	<input type="checkbox"/> DENIED
CONDITIONS (IF APPLICABLE)		

**APPLICANT** Is the applicant the Property Owner?  YES  NO (CONTACT INFORMATION & SIGNATURE REQUIRED)  
 I hereby certify that the above information is correct and understand that the issuance of a permit based on this application will not excuse me from complying with effective ordinances of the City of Maupin and statutes of Oregon, despite any errors on the part of the issuing authority in checking this application.

APPLICANT NAME
MAILING ADDRESS
EMAIL
PHONE
SIGNATURE & DATE

PROPERTY OWNER NAME
MAILING ADDRESS
EMAIL
PHONE
SIGNATURE & DATE

**PROJECT INFORMATION**

<input type="checkbox"/> NEW CONSTRUCTION <input type="checkbox"/> EXPANSION/ALTERATION <input type="checkbox"/> ACCESSORY DWELLING UNIT (ADDITION OR ALTERATION) <input type="checkbox"/> MANUFACTURED HOME INSTALLATION <input type="checkbox"/> OTHER _____
PARCEL ADDRESS
TAXLOT
ZONE
PROPOSED USE
OVERLAY DISTRICTS <input type="checkbox"/> FLOOD HAZARD <input type="checkbox"/> GEOLOGIC HAZARD <input type="checkbox"/> SCENIC WATERWAY
FRONTAGE ON <input type="checkbox"/> CITY STREET <input type="checkbox"/> COUNTY ROAD <input type="checkbox"/> STATE HIGHWAY <i>NOTE: If new frontage is on a county road or state highway, then an Access Permit is required.</i> <input type="checkbox"/> Access Permit Application Attached

**ZONING INFORMATION**

WILL THE STRUCTURE BE CONNECTED TO CITY OF MAUPIN UTILITIES (WATER AND SEWER)? <input type="checkbox"/> YES <input type="checkbox"/> NO, AND SIGNED DEQ SEPTIC APPROVAL IS ATTACHED
IS THE PROPOSED USE AS A SHORT TERM RENTAL (STR)? <input type="checkbox"/> YES, AND A STR APPLICATION IS ATTACHED <input type="checkbox"/> NO
IS THE PROPOSED USE ALLOWED AS AN OUTRIGHT USE IN THE ZONE? <input type="checkbox"/> YES <input type="checkbox"/> NO
IF NO, IS THE PROPOSED USE ALLOWED AS A CONDITIONAL USE IN THE ZONE? <input type="checkbox"/> YES, AND A CONDITIONAL USE PERMIT IS ATTACHED <input type="checkbox"/> NO, AND PLAN AMENDMENT/ZONE CHANGE APPLICATION IS ATTACHED
WILL THE PLAN MEET OFF-STREET PARKING REGULATIONS FOR THE ZONE? <input type="checkbox"/> YES <input type="checkbox"/> NO

DIMENSIONS	
LOT DEPTH	STREET FRONTAGE
LOT WIDTH	BUILDING HEIGHT
LOT AREA	FRONT YARD
BUILDING SQ. FT.	SIDE YARD
LOT COVERAGE	BACK YARD

<b>ADDITIONAL REQUIRED DOCUMENTS</b> <input type="checkbox"/> PLOT PLAN DRAWN TO SCALE, SHOWING HOW APPLICABLE REQUIREMENTS OF THE ZONING ORDINANCE SHALL BE SATISFIED
---

<p style="text-align: center;"><b>CITY OF MAUPIN CERTIFICATION</b></p> I _____, CITY OF MAUPIN ZONING ORDINANCE ADMINISTRATOR, ATTEST THAT THE FOREGOING APPLICATION AND ATTACHMENTS THERETO WERE RECEIVED BY ME ON _____ DAY OF _____, 20_____. <b>SIGNATURE OF ZONING ORDINANCE ADMINISTRATOR</b> _____
---