



Scappoose Planning Department
 33568 E. Columbia Ave. Scappoose, OR 97056
 Phone: 503-543-7184 Fax: 503-543-7182
www.ci.scappoose.or.us

Inquiry Meeting Application

NOTICE TO APPLICANT: On original application form, please print legibly using black/dark blue ink or type. Applicants are advised to review the list of submittal requirements below in order to ensure that the meeting is as informative as possible. Please note that while staff can provide initial guidance regarding projects during an inquiry meeting, it is not intended to be a complete assessment of the project. Prior to submitting an application for certain development applications, a Pre-Application conference may be required as well. An inquiry meeting is completely voluntary.

When scheduling an inquiry meeting, you must request the zoning designation of the subject property in order to complete this form. The completed Inquiry Meeting Application and conceptual drawing(s) must be received 10 days prior to requested appointment time, or your meeting will be rescheduled.

TRACKING INFORMATION (For Office Use Only)

Application Submittal Includes:

- 2 Hard Copies Required Electronic Submittal Non-refundable deposit*

Date Submitted with payment: _____ *Receipt #:* _____

*The deposit will be applied towards any resulting land use application, specific to the project you are inquiring about, if an application is received within 6 months of the inquiry meeting.

The purpose of an inquiry meeting is to provide a general understanding of land use procedures, to answer questions regarding permitted use of land in City limits per zoning requirements, and to identify potential issues ahead of time for proposed projects. Inquiry meetings generally last one hour and are not meant to address every issue regarding a proposed project.

Applicant: Name _____
 Business Name _____
 Mailing Address _____ City _____ State _____ Zip _____
 Phone # _____ Fax # _____ Email Address _____
 Applicant's Signature _____ Date: _____
 Applicant's interest in property _____

Property Owner(s): Name(s) _____

Business Name _____

Mailing Address _____ City _____ State _____ Zip _____

Phone # _____ Fax # _____ Email Address _____

Does the owner of this site also own any adjacent property? Yes No (If Yes, please list tax map and tax lots)

Property Owner(s) Signature(s) _____ Date: _____

SITE LOCATION & DESCRIPTION

Tax Map #(s) _____ Tax Lot #(s) _____

Additional Tax Maps # _____ Tax Lot # _____

Frontage Street or Address _____

Nearest Cross Street _____

Plan Designation _____ Zoning _____ Site Size _____ acres sq. ft.

SUMMARY OF REQUEST

Proposed Project Name _____

Estimated Valuation \$ _____

Project Type: (Specify project type: Single-Family Residential (SFR), Multi-Family Residential (MFR), Accessory Dwelling Unit (ADU), Commercial, Industrial, Mixed Use) _____

Please provide a narrative describing the proposed project, including how your proposal could meet the dimensional requirements of the applicable zoning designation, and showing compliance with the listed permitted or conditional uses, as outlined within the applicable Scappoose Development Code chapter.

If you have specific questions related to the project that you would like to have addressed during the meeting, please describe them below:

On a separate sheet of paper, please provide a conceptual drawing or sketch of your proposed project. The location of property lines and proper setbacks (according to dimensional requirements of the applicable zoning designation) to the proposed structure(s) or improvements must be included for staff to evaluate your proposal.