

Scappoose Planning Department

33568 E. Columbia Ave. Scappoose, OR 97056

Phone: 503-543-7184 www.ci.scappoose.or.us

CONDITIONAL USE 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 and recommendations indicated on each land use application form and in the applicable code section prior to submitting an application. INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED UNTIL THE PLANNING DEPARTMENT RECEIVES ALL REQUIRED SUBMITTAL MATERIALS. REFER TO SUBMITTAL CHECKLIST PAGE.

Tracking Information (For Office Use Only	v)		
Application Submittal Includes:			
2 Hard Copies Required (Initial Submittal)	☐ Electronic Submittal	☐ Fee	
7 Hard Copies Required (Final Submittal, once de	eemed complete by City Planner)		>
Date Submitted with payment:		Receipt #:	
File #	Hearing Date	harten and the second	J
SITE LOCATION & DESCRIPTION			
Tax Map #(s) 3 N 2W 12CB	Tax Lot #	(s) 401	
Frontage Street or Address			
Nearest Cross Street Captain Rog			
Plan Designation LDR Zoning R	<u>-1</u> Site Size <u>17. 31</u> (€	cree or sq. ft.) Dimensi	ons Variable
SUMMARY OF REQUEST			
Proposed Project Name Button Ra	inch		CONTRACTOR AND
Project Type/Narrative Summary: (Provide a brie	ef summary including the nature of ac	tivities, number of student	s/participants, hours
of operation, and specify project type: Single-family F	Residential, Multi-family Residential, In	stitution, Commercial, Indu	ustrial, Mixed Use)
48 Lot single family rea	sidential subdivis	ion with Pla	nned
18 Lot single family red Development Leview. 3	Project also includ	les sensitive la	unds
review for flood plain, we			
See attached narroutive For an			
Subject to previous Land-use approval? TYes []	No File No	(attach copy of Ne	otice of Decision)
# of Buildings 48 # of Parking Spaces 46	mit # of Accessible Parking Space	ces <u>NA</u> % of Land	scaping N/A
NOTE: The summary provided above must be par justifies the requested conditional use based on t Submittal Requirements attached.			

CONTINUED ON PAGE 2

Rvs. 2021-Feb.24

CONDITIONAL USE APPLICATION (CONTINUED)

DETAILED SITE INFORMATION

Are any of the following present on the site? If so, please specify i	number of acres and/or percentage of site affected.
Flood Plain Wetlands	Significant Natural Resources
Cultural Resources Airport Noise Contours	attenit i all'illia attica a mola a cala della recola ancialla care travacioni in 🎉 t ur
Water Provider: ☐ City of Scappoose ☐ Well ☐ Other:	
Does the site have access to City street(s) Yes No (Please exp	olain)
Does the site have access to County road(s) Yes No (Please e.	xplain)
2 1000	Incarrie with ATE ATE of
Are there existing structures on the site? Yes No (If Yes, brief	fly explain future status of structures.)
Existing shed to be removed	
3	THE LOCATION & DESCRIPTION
property is under-going a change of ownership, proof of purchase owner of record is not the signing party.) Property Owner(s): Name(s)	LC Traugh to mannant to
Mailing Address PO Box 503069 City White C Phone # 541-930-1333 Fax #	state O/C Zip 11303
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:
If more than one property owner, please attach additional sheet w	ith names and signatures.)
Applicant: Name_Steve Puls	
Business Name Pavid Weekley Homes	
Mailing Address 1905 NW 169th Place, Ste 102, 13	Seaverton OR 97006
Phone # <u>503-213-4403</u> Fax #	Email Address Spuls@dwhomes.com
applicant's Signature	Date:
applicant's interest in property	Selves (11) 1800-est-urbanaprover use areser un tre urgre. A est ur Est, urbana ur statutado

CONTINUED ON PAGE 3

CONDITIONAL USE APPLICATION (CONTINUED)

DETAILED SITE INFORMATION

		a contract of the contract of	mber of acres and/or percentage of site af	fected.
Flood Plain	Wetlands		Significant Natural Resources _	
Cultural Resources	Airport Noise (Contours	Slopes Greater Than 15%	1/
Water Provider: 🗹 City of Sca	ppoose	er:		2000
Does the site have access to 0	City street(s) 🛛 Yes 🗖 f	No (Please expla	nin)	
Does the site have access to C	County road(s) 🗖 Yes 🗹	No (Please exp	olain)	
			explain future status of structures.)	
Existing shed to	be removed			
property is under-going a char owner of record is not the sign Property Owner(s): Name(s)	nge of ownership, prooning party.) Chip Buxton	of of purchase of	ty owner signature must be a wet-ink signa r purchase contract must be provided if pro	pperty
Business Name Buxton F	amily Invest	ments, LI	-C	
Mailing Address <u>Po Box</u> ≤0300	city_	WhiteC	State OR zip 97	503
Phone # <u>541-930-1333</u>	Fax #		Email Address buxton@gn	nail-com
			No (If Yes, please list tax map and tax lot	
Property Owner(s) Signature(s	-		Date: 2/16/2022	
Applicant: Name_Steve				
Business Name Pavid V	Jeekley Hom	es	eaverton OR 97006	
Mailing Address 1905 NW	169Th Place, Ste	102, Be	eaverton OR 97006	Physical Institute of the State
Phone # <u>\$03-213-4403</u>	Fax #		Email Address Spuls@dwhomes.	COM
Applicant's Signature			Date:	
Applicant's interest in property				

CONTINUED ON PAGE 3