## CITY OF HERMISTON

## APPLICATION TO ALTER A NONCONFORMING USE OR STRUCTURE

Alterations to nonconforming uses or structures will be processed as minor variances for alterations of less than 10% of the gross building volume and as conditional uses for alterations of more than 10% of the gross building volume. Please refer to the conditional use and variance sections of the City of Hermiston Developer=s Handbook for additional information regarding the application process. Pursuant to 157.192 of the Hermiston Code of Ordinances, application is hereby made to make alterations to the following described nonconforming use and/or structure:

Applicant's Name:	Dat	e:
Address:	Phone:	(Daytime)
Property Owner(s) Name (If Different):		
Address:	Phone:	(Daytime)
Legal Description of Property: Assessor=s Map No:	Tax Lot No:	
Comprehensive Plan Designation:	Zoning Designation:	
Current Use of Property		
Request to Allow:		
structures. The findings provide justification to eithe follow and answer them as completely as you can; u you to make findings and evaluate the merits of you upon the adequacy of the arguments you present to justification.  1. Please explain how the nature and character or	se additional sheets if necessary.  Ir request. The chances of a successify approval of the application.	Your responses will help essful application depend
2. Please explain how there is no material	difference in the quality, chara	icter or degree of use

 3.	Please explain how the propo	sed use will not prove	e materially adverse to surrounding pro	perties	
١٩٩٨	TIONAL INFORMATION TO BE FUR		D TO APPLICATION:		
1)		r or purchaser of the pro	perty or has written permission of such o	wner to	
2)	Two copies of a site plan (11" x 17") drawn to scale, showing the location of the property concerned, the location of all proposed or existing building(s), highways, streets and alleys.				
olann :his r	ing commission requests my atte	ndance, or the attendance	knowledge. As applicant, I understand to see of my representative, at the meeting(s or deny this request based upon the test	) where	
	heowner/owner(s) authorize horized representative, attach lette				
Applio	cant's Signature:		Date:		
NOTE notice orior the H	e requirements and time constrain to the public hearing date. For fu	ission meets the seconts, this application must rther information, pleas	COSTS WILL BE BILLED LATER  d Wednesday of the month. Because of be returned to City Hall no less than fou e feel free to contact the planning depart 838, or telephone (541) 667-5025. The Ci	r weeks ment a	
		OFFICE USE ONL	.Y		
Date F		Received By:	Meeting Date:	_	
=ee (C	Circle One): \$800.00 / \$475.00	Date Paid:	Receipt No:		
Гһе р	roposed request is less tha	an/ greater than 10	0% of the gross building volume.		