CITY OF HERMISTON

APPLICATION FOR INFILL DESIGNATION

Pursuant to the provisions of §157.215 of the Hermiston Code of Ordinances, application is hereby made for an infill designation for the following described property: Name of Applicant: Phone: Mailing Address: E-Mail: Name of Owner (If Different): ______ Phone: _____ Mailing Address: ____ Legal Description: Assessor's Map No: ______ Tax Lot No: _____ Subdivision (If Applicable): Please Attach a Metes and Bounds Legal Description Street Address: Current City and Comp Plan Zoning Designation: Eligibility Standards From 157.215(B): Request to deviate from: **IMPO** e finding e applica Your r applica

PRTANT! Oregon's Land Use Planning I gs of fact with regard to in fill designation ation. Read the questions that follow and responses will help you to make finding ation depend upon the adequacy of the arg	answer them as completely as you and evaluate the merits of you	justification to either approve or denou can; use additional sheets if necesur request. The chances of a successive request.	y th ssary
1. List all the ways in which the property	y is constrained per 157.215 (D).	Attach supporting documentation.	

2. Public facilities have the capacity to service the may be extended at the developer's expense. Exp	e development at the proposed density and are either in place or lain fully.
3. Explain why the infill designation of the prop with the existing neighborhood and adjacent property.	erty will result in a development that is reasonably compatible erties.
4. Explain why granting the infill designation otherwise remain vacant or developed below the a	will result in residential development on property that would pproved density.
DITIONAL INFORMATION TO BE FURNISHEI Evidence that applicant is owner or purchaser of tapplication for the variance.	O & ATTACHED TO APPLICATION: the property or has written permission of such owner to make a
	drawn to scale, showing the location of the property concerned ocation of all highways, streets and alleys.
above statements are true to the best of my belief mission requests my attendance, or the attendance of the statement of the	and knowledge. As applicant, I understand that the planning my authorized representative.
the ownerowner's authorized representate wner.	tive. If authorized representative, please attach letter signed
ature of Applicant:	Date:

OUT-OF-POCKET EXPENSES FOR MAILING & PUBLICATION COSTS WILL BE BILLED LATER

NOTE: The Hermiston Planning Commission meets the second Wednesday of each month. Because of public notice requirements and time constraints, this application must be returned to City Hall no less than **four weeks** prior to the hearing date. If you have any questions about completing the application or the procedure, please feel free to contact the planning department at the Hermiston City Hall, 180 NE 2nd Street, Hermiston, Oregon 97838, or telephone (541)667-5025. The City's fax number is (541)567-5530.

5025. The City's fax numb	per is (541)567-5530.	
	Office Use	Only
Date Filed: Fee: \$800.00	Received By: Date Paid:	Meeting Date: Receipt No: