

**Pre-Application Conference
City of Monmouth**

Date: _____
Fee: \$250.00
Receipt No.: _____
Application No.: _____

Applicant: _____
Name

Mailing Address

City State zip

Phone

Cell Phone

E-mail Address

Title Holder: _____
Name

Mailing Address

City State Zip

Property Location:

Street Address: _____
Tax Lot Number: _____ Assessor Map Number: _____

Description:

Comprehensive Plan Map Designation: _____
Current Zoning: _____
Size (acres): _____

Description of proposed use\development:

Please include any maps or site plans for the proposed use/development.

For office use only.

Date scheduled: _____

Power & Light Superintendent: _____

Fire Chief: _____

City Planner: _____

Public Works Director: _____

ODOT: _____

City of Monmouth Community Development Dept.
151 Main St W
Monmouth, OR 97361
503-751-0147