



COMMUNITY DEVELOPMENT

ZONING VERIFICATION LETTER APPLICATION

Contact Information

Applicant: _____ Phone: _____

Address: _____ Email: _____

Property Owner: _____ Phone: _____

Address: _____ Email: _____

ePlans Submitter: _____ Phone: _____

Address: _____ Email: _____

Property Information

Site Address: _____ Tax map & lot number: _____

Comprehensive Plan Designation: _____ Zoning District: _____

Total Land Area: _____ Present Use: _____

Proposal

Reason for Request: _____

To the best of my knowledge, all statements and information contained in this application and attached exhibits are true and correct. I authorize City of Bend staff and/or Hearings Body to enter the property for inspection of the site in conjunction with this land use application.

Property Owner: _____ Date: _____

SUBMITTAL REQUIREMENTS

All plans must be submitted electronically. Please complete this application, save it to your computer, and e-mail it to <mailto:bendplanning@bendoregon.gov>. Once the application is received by the City and entered into our system, you will receive emailed instructions on how to upload your application materials to the City's ePlans electronic permitting system. Application fees may be paid in person or mailed to the City of Bend Permit Center, 710 NW Wall Street, Bend, OR 97703. Credit card payments may also be made by phone after you receive the ePlans upload request. Call (541) 388-5580 and select option #3 for the Planning Division to pay with a credit card.