

WALLOWA COUNTY PLANNING DEPARTMENT

Wallowa County Courthouse

101 S. River St., Room B-1

Enterprise, OR 97828

541-426-4543 ext. 24 plansec@co.wallowa.or.us

Permit VAR# _____

Date Filed _____

Total Fee _____

Check Number _____

VARIANCE

LEGAL OWNER: _____

REF #: _____

APPLICANT: _____

TWP: _____

ADDRESS: _____

RANGE: _____

CITY: _____

SECTION: _____

PHONE NUMBER: _____

TAX LOT#: _____

ACREAGE: _____

ZONE: _____

Intended development or use:

NOTICE: AUTHORIZATION OF A VARIANCE PERMIT SHALL BE VOID AFTER TWELVE (12) MONTHS UNLESS SUBSTANTIAL CONSTRUCTION PURSUANT THERETO HAS TAKEN PLACE.

I hereby certify that all of the above information furnished by me is correct to the best of my knowledge and issuance of this permit is based on this information. Any error committed by the issuing authority shall not excuse me from complying with any other applicable state and local laws and ordinances. I understand that any deviation other than that allowed by law may nullify and validity of this permit.

APPLICANT

DATE

SALMON PLAN:

THIS APPLICATION **WILL/WILL NOT** BE CONSIDERED BY THE SALMON PLAN TECHNICAL COMMITTEE AND ARTICLE 36 OF THE WALLOWA COUNTY ORDINANCES.

DECISION: _____

ACTION TAKEN:

Planning Department Action ___ Planning Commission Action ___ Approved ___ Denied ___

Conditionally Approved ___ Conditions of Approval: _____

DATE OF ACTION

DATE OF EXPIRATION

Permit Authorization: _____
Wallowa County Planning Department