



Clatsop County
 Community Development
 800 Exchange Street, Suite 100
 Astoria, Oregon 97103
 Phone 503 325-8611 Fax 503 338-3606
comdev@co.clatsop.or.us www.co.clatsop.or.us

Development Permit

Fee: \$84.00

INSTRUCTIONS:

1. Complete form and attach site plan.
2. For commercial and industrial uses, include parking and loading plan, sign plan and erosion control plan.
3. For residential and other uses, include an erosion control plan.
4. Review applicant's statement and sign this form.

Proposed Use: HORTICULTURAL NURSERY L 3, 204(12) 5 Employees
 Base Zone: RA-2 Overlay District(s): GHO, NWI

Project Location:

T S R 10 S 32CB TL 00304 Acres 2.01

* Owner: Rita Frailey
 Address: 70126
 Phone: 503 717-3020

Email: cbillco@questoffice.net
 City/State/Zip: Tolovana Park OR 97145
 Phone: _____

* OWNER Applicant: Michael Frailey
 Address: 70126
 Phone: 503 436-1847

Email: cbillco@questoffice.net
 City/State/Zip: Tolovana Park OR
 Phone: _____

Other Name: _____
 Address: _____
 Phone: _____

Email: _____
 City/State/Zip: _____
 Phone: _____

SIGNATURES: I have read and understand the statements **ON THE BACK OF THIS FORM** and agree to abide by them. **All owners of record**, per Clatsop County Assessment records, **must sign the application**. Representatives of public agencies, corporations, trusts, etc. must provide documentation of signing authority.

X Signature: Rita M Frailey

Date: 5-29-19

X Signature: Michael L Frailey

Date: 5-29-19

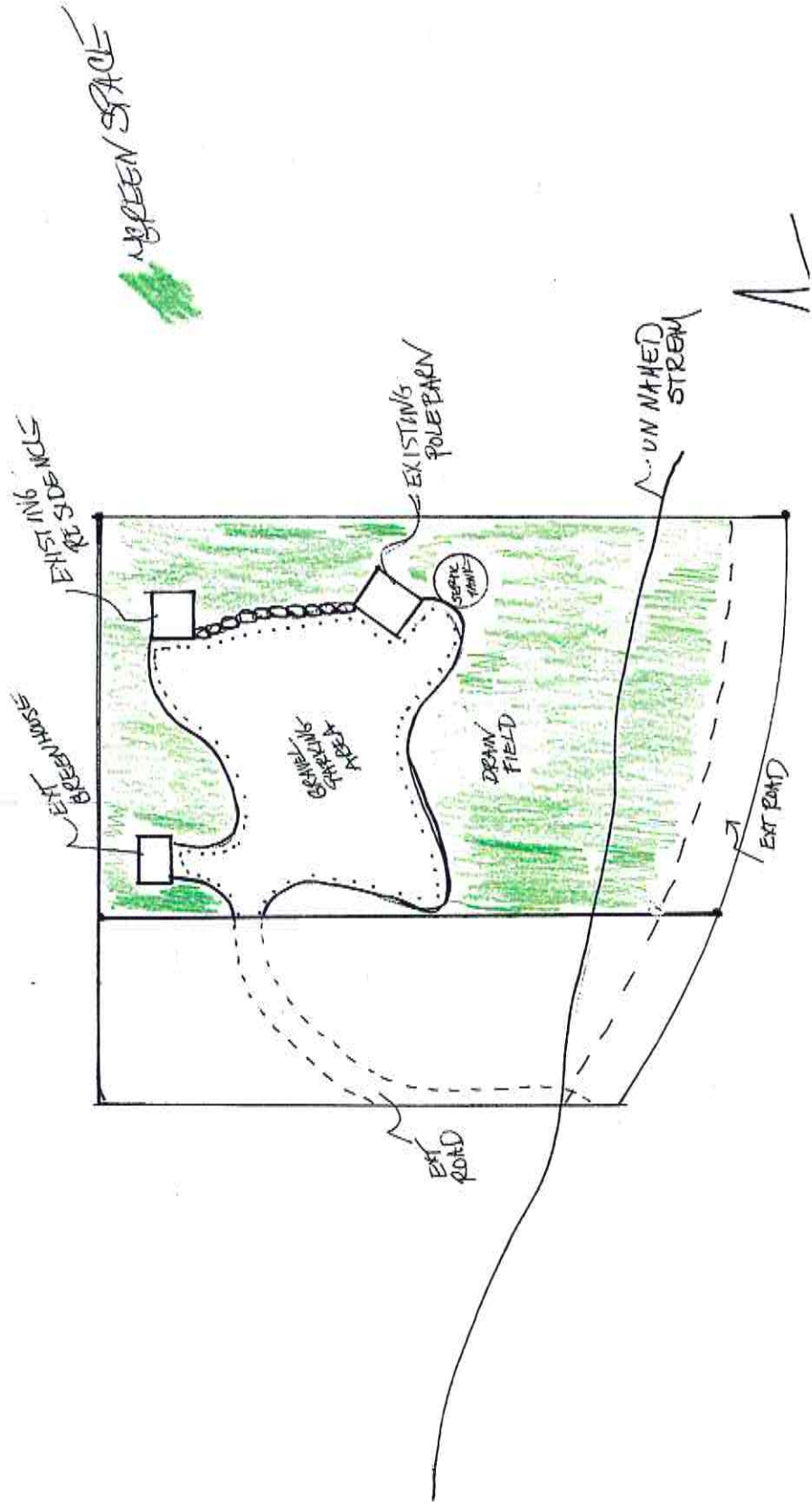
Signature: _____

Date: _____

Signature: _____

Date: _____

* SIGNATURES & WATER MASTER APPROVAL:



AGENCY REVIEW & APPROVAL FORM
Information on this form must be filled out and signed in this order

1. JOB SITE INFORMATION (To be completed by applicant/owner/agent.)

Job Site Address: 15 RIO S32CB TL 00304 City: _____
Owner: _____ Phone: 503 436-1847
Address: _____ Email: cbillc@gwestoffice.net
Agent: _____
Proposed Development/Construction: _____

2. ONSITE WASTEWATER OR LOCAL SEWER DISTRICT:

Legal Description: T _____ R _____ S _____ Tax Lot(s) _____
Permit Needed: Yes No Site Approved: Yes No
Signature: _____ Date: _____
Remarks: _____

3. WATER DISTRICT OR PROOF OF WATER RIGHTS FROM WATER RESOURCES DEPT (Signature of Water District required.)

Gallons per minute: 14 / split w/ other water right place of use
Signature: Mike W. Hudrick Title: Dist. Watermaster Date: 5/29/19
Remarks: Certificate 85015, domestic and nursery uses.

Water Resources Dept, 725 Summer St NE Suite 202, Salem, OR 97301 Phone: (503) 986-0900 FAX (503) 986-0904

4. FIRE DEPARTMENT/FIRE DISTRICT ACCESS AND WATER SUPPLY REQUIREMENTS:

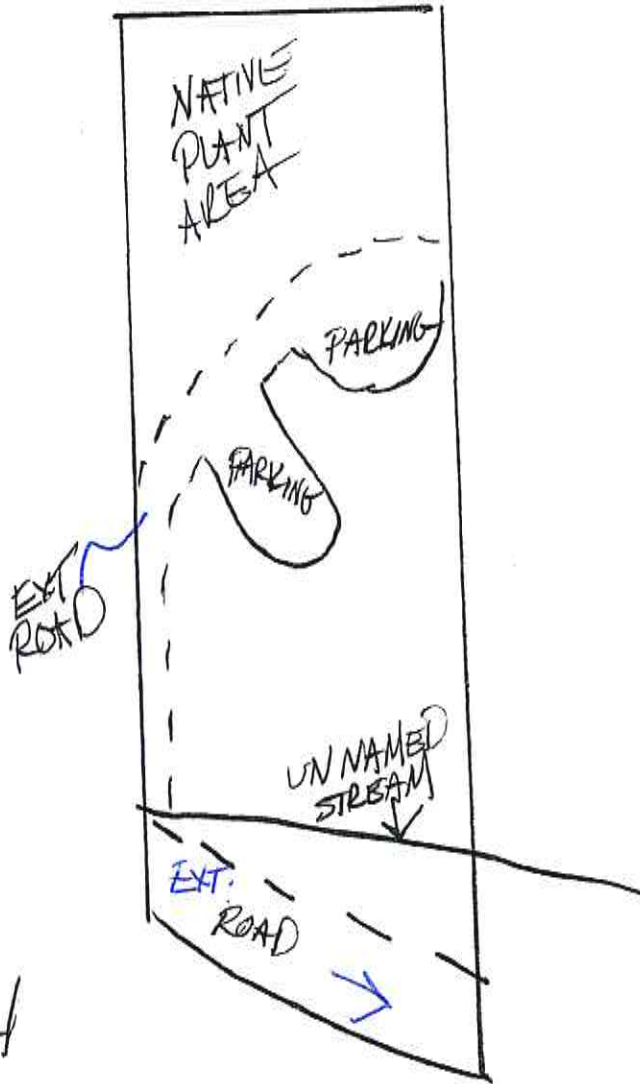
Water/Fire Flow: _____ Number of Hydrants: _____ Hydrant Location(s): _____
Signature: _____ Title: _____ Date: _____
Remarks: _____

Contact the local RFPD having jurisdiction.

5. MANUFACTURED MOBILE HOME PLACEMENT -----CLATSOP COUNTY ASSESSMENT AND TAXATION:

Signature: _____ Title: _____ Date: _____
Remarks: _____

Clatsop County Assessment and Taxation, 820 Exchange St Suite 210, Astoria, OR 97103 Phone: (503) 325-8522 FAX (503) 338-3638

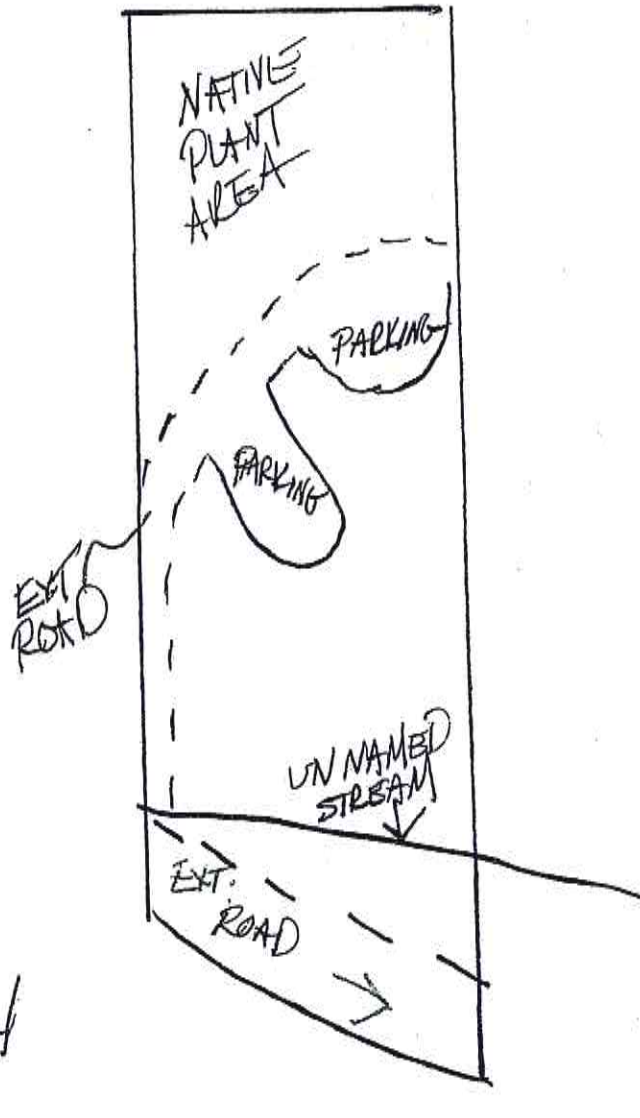


NORTH

SCALE
1" = 100'

ID# 52520
MAP 51032CB00304

FRANKY'E INC NATIVE PLANT NURSERY



NORTH

SCALE
1" = 100'

ID# 52520
MAP 510320CB00304

FRANKY'S INC NATIVE PLANT NURSERY