



CITY OF CANNON BEACH

DEVELOPMENT PERMIT TYPE 2 APPLICATION GRADING, EROSION AND SEDIMENTATION CONTROL

Please fill out this form completely. Please type or print.

Applicant Name: City of Cannon Beach
 Mailing Address: PO Box 368
Cannon Beach OR, 97110
 Email Address: mount@ci.cannon-beach.or.us
 Telephone: (503) 436-8066

Property-Owner Name: City of Cannon Beach (Forrest Lawn Row)
 (if other than applicant)

Mailing Address: _____

Telephone: _____

Property Location: Forrest Lawn Row

Map No.: S1030DA (street address)
 Tax Lot No.: Row (4100)



Nature of the Request

Description of proposed action providing the information required by the Zoning Code Section 17.62.030.c
 (Attach extra sheets as necessary)

Move storm pipe 130' north
see map for details

Paid 11/8/2021

Application Fee: \$100.00

Applicant Signature: [Signature] Date: 10/12/21

Property Owner Signature: [Signature] Date: 10/14/21

If the applicant is other than the owner, the owner hereby grants permission for the applicant to act on his/her behalf. Please attach the name, address, phone number, and signature of any additional property owners. As Property Owner, my signature or an authorized applicant's signature, allows any duly authorized employee of the City to enter upon all properties affected by this permit for the purpose of follow-up inspection, observation, or measurement.

For Staff Use Only:

Received on: _____ By: _____

Fee Paid: _____ Receipt No.: _____

(Last revised March 2021)



Orange line move 130° North