



# CITY OF CANNON BEACH

## APPLICATION FOR THE FORMATION OF A REIMBURSEMENT DISTRICT

Please fill out this form completely. Please type or print. Use **additional sheets as necessary**.

Applicant Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Describe the type of public improvement proposed to be covered by the reimbursement district (including relevant factors such as its location, significant dimensions, etc.):

Have you received approval of the construction plans for the improvements proposed to be covered by the reimbursement district? (If the plans have not been approved, the City cannot proceed with your application):

Yes       No

Explain why all or part of the cost of the improvement is eligible for reimbursement:

Describe the proposed methodology for apportioning costs among the benefited properties.:

What is the estimated cost of the improvements? Attach bids which include projections of the cost of labor and materials, or other evidence satisfactory to the Public Works Director.:

What is the estimated date of completion of the improvements?

Attach a map showing the properties to be included in the proposed district, including the properties owned by the applicant, and the front footage and square footage of each of the properties or similar data necessary for calculating the apportionment of the costs.

**Reimbursement District Fee: \$750.00**

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Property

Owner Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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.

\_\_\_\_\_

*For Staff Use Only:*

Received on: \_\_\_\_\_ By: \_\_\_\_\_

Fee Paid: \_\_\_\_\_ Receipt No.: \_\_\_\_\_

*(Last revised March 2021)*