

## Tillamook County Department of Community Development 1510-B Third Street. Tillamook, OR 97141 | Tel: 503-842-3408 Fax: 503-842-1819

www.co.tillamook.or.us

## **DEVELOPMENT PERMIT**

DEVELO	SPIVIEINI PERIVIII		Date Stan	np	
41.					
<b>Applicant</b> □ (Check Box if	f Same as Property Owner)				
Name:	Phone:				
Address:					
City:	State: Zip:		□Anr	roved	□Denied
Email:				red by:	
Proporty Owner			Receip		
Property Owner Name:	· · · ·		Fees:		
Address:	Thorie.		Permi	t No:	
City:	State: Zip:		851PLNG		
Email:	State. Zip.				
-1114111					
Description of Work:					
Location:					
Site Address:					
Map Number:					
Township	Range	Sect	ion	Tax L	ot(s)
Complete all applicable f	ields:	Flood Insurance	Rate M	1ap (FIRI	M) Panel Info
egulatory Floodway: Estuary: Floodplain:		Tillamook County Panel Number: 41057C			
New: Addition: Replacem	nent: Remodel: Demolish:	Effective Date:	Property Flood Zone(s):		
Dwelling:	Accessory Structure:	Floodway: Y I			
Culvert Diameter:	Bridge Length:	Stream/Waterbody	Stream/Waterbody Name:		
ength:	Width:				
ence Height:	Retaining Wall Height:	<b>Elevation Data</b>	(NAVD 88)		
Streambank Stabilization:	Other:	Base Flood Elevation	on: First Habitable Floor:		oitable Floor:
-ill/Removal/Grading: CY	Vegetation Removal: CY	Lowest Floor/Horizontal Member:			
		Enclosed Area:		Flood Ve	ent Area:
Structure/Damage \$:	5 Year Construction \$:	Other Required	Permits		
Substantial improvement/dam	nage threshold 50% cost vs. value				
· · ·					
Authorization					
	ot assure permit approval. The ap		•		•
	federal, state, and local permits.			ntormatio	n submitted is
complete, accurate, and consis	stent with other information subn	nitted with this applica	ition.		
Property Owner Signature (Required)					Date

Applicant Signature

Date

**OFFICE USE ONLY**