

CITY OF JOSEPH, WALLOWA COUNTY OREGON
ZONING APPLICATION

NAME: _____ APPLICATION _____

STREET ADDRESS: _____

ZONE R1 R2 C I

[Circle One]

LOT _____, BLOCK _____, MAP _____, _____ ADDITION, JOSEPH, OR.

APPLICATION IS HEREBY MADE TO:

CONSTRUCT - BRIEF DESCRIPTION OF PROJECT: _____

REMODEL OTHER: _____

SETBACKS:

HEIGHT _____ FT FRONT _____ FT SIDES _____ FT AND _____ FT REAR _____ FT

Requirements: R1 & R2

The front yard shall be a minimum of 15 feet except that garages shall be set back from the front line at least 20 feet as measured from the base of the foundation.

Each side yard shall be a minimum of 5 feet, except that on the corner lot, the side yard on the street shall be a minimum of ten feet.

The minimum lot width at the front building line shall be 50 feet.

No building shall exceed the height of 25 feet. [See exceptions in zoning ordinance.]

Requirements: C

There are no setback requirements within the commercial zone. Height of 30 feet is restricted to that portion of highways 82/351 and the alley bordering the lot east or west of the property line. In all other commercial zones, the height is restricted to 25 feet as measured from the average elevation of the finished ground level at the center of all walls of a building to the highest point of the structure.

AREA OF LOT: _____ SQ. FT. AREA OF STRUCTURE _____ SQ. FT.

CORNER LOT: Yes No

Permit expires one (1) year from date of issue. The issuance or granting of a permit or approval of plans and specifications shall not be construed to be a permit for, or an approval of, any violation of any of the provisions of the Uniform Building Code as administered by the State of Oregon. No permit resuming to give authority to violate or cancel the provisions of this Code shall be valid, except insofar as the work or use which it authorized is lawful.

I hereby certify that the above information is correct and understand that issuance of a permit based on this application will not excuse me from complying with effective Ordinances and resolutions of the City of Joseph and Statutes of Oregon, despite any errors on the part of the issuing authority in checking this application.

Signature of Applicant: _____
Date: _____

Owner (if different from applicant) _____ Phone
Number: _____

Approved by Inspecting Public Works Director _____ Date _____

Application Approved by City Recorder _____ Date _____

Paid: _____ Receipt _____

CITY OF JOSEPH ZONING APPLICATION

Application Number _____
Date Submitted _____

- Plot Plan Must Show:**
- 1. Property Dimensions**
 - 2. Adjacent Streets**
 - 3. Existing and Proposed Structures**
 - 4. Arrow pointing "North"**