

FOREST DWELLING APPLICATION
POLK COUNTY COMMUNITY DEVELOPMENT DEPARTMENT
PLANNING DIVISION

Checked By: _____	FEE: Small Tract Lot-of-Record \$
Received By: _____	Large Tract Forest Dwelling \$
Date Submitted: _____	Small/Large Tract Template Dwelling \$
Fee Paid: _____	Temporary Hardship Dwelling (LUD) \$
	Replacement Dwelling (RD) \$
Application No.: _____	Receipt # _____
	_____ Measure 37 Order Number (attached)
	_____ Measure 37 State Order (attached)

Please type or print all information below. An incomplete application cannot be accepted.

APPLICANT	OWNER(S)
Name _____	Name _____
Address _____	Address _____
City _____ State _____ Zip _____	City _____ State _____ Zip _____
Phone: Hm. _____ Wk. _____	Phone: Hm. _____ Wk. _____
Fax: _____ Mobile _____	Fax: _____ Mobile _____

PROPERTY:

Location or Address _____ Tax Acct. No. _____ Acreage _____

Township _____; Range _____; Section (s) _____; Taxlot (s) _____

Comp Plan Designation _____ Zone _____

Previous action(s) involving the subject property (For example, conditional use, variance, etc.)

PUBLIC SERVICE AND UTILITIES INFORMATION:

A. School District: _____ B. Fire District: _____

How will the following be provided for the proposed use. If applicable please provide documentation.

C. Water Service Type: _____ D. Sewage Disposal Type: _____

REQUEST: (For example, "To establish a small tract template dwelling in the TC Zoning District.")

FOREST DWELLING APPLICATION CHECKLIST

In all land use actions, the “burden of proof” is on the applicant. It is important that you provide information, which clearly describes the nature of the request and indicates how the proposal meets all the criteria within the Zoning Ordinance.

The information requested below is required at the time you submit your application. The processing of your application does not begin until the application is determined to be complete. An incomplete application will postpone the decision, or may result in denial of the request.

- [] A written statement of intent, attached to this application, with necessary supporting evidence which fully and factually describes the following:
 - ___ A complete explanation of how the request complies with provisions and criteria in the Zoning Ordinance. A planner will explain which sections of the Ordinance pertain to your specific request. You must address each of the Ordinance criterion, on a point-by-point basis in order for this application to be deemed complete.
 - ___ A description of the property in question, including, but not limited to the following: size, vegetation, crops grown, access, existing buildings, topography, etc.
 - ___ A complete description of the request, including any new structures proposed.
 - ___ If applicable, documentation from sewer and water district showing availability for connection.

- [] A plot plan of the property. Examples are available from the Community Development Department. Indicate the following on your plot plan:
 - ___ Location of all existing and proposed buildings and structures
 - ___ Existing County Road, public right-of-way or other means of legal access
 - ___ 100-year floodplain elevation (if applicable)
 - ___ Vegetation on the property
 - ___ Location of any outstanding physical features

- [] A Current deed with legal description. Deed copies may be obtained at the Polk County Clerk's Office.

- [] A current print-out from the Polk County Assessors Office for each taxlot subject to the proposed land use action.

I certify that this application and its related documents are accurate to the best of my knowledge. I am aware that there is a twelve (12) day appeal period following the date of the Planning Director’s decision of this land use action. I understand that the signature on this application authorizes representatives of the Polk County Community Development Department to enter upon the subject property to gather information pertinent to this request. If the application is signed by an agent, the owner's written authorization must be attached.

**Signatures of Owners that appear on deed and/or Authorized Agent
* If signed by agent, owner’s written authorization must be attached.**

PLEASE NOTE: THIS APPLICATION MUST BE RETURNED IN PERSON. MAIL-IN APPLICATIONS CANNOT BE ACCEPTED.