

**LAND PARTITION APPLICATION**  
**POLK COUNTY COMMUNITY DEVELOPMENT DEPARTMENT, PLANNING DIVISION**

COMPLETED BY STAFF	
Received By: _____	Fee: _____
Date Submitted: _____	Fee Paid: _____
Application No.: _____	Receipt No.: _____
Staff Notes:	

The following sections shall be completed by applicant. Please type or clearly print all information below.

**I. PROPERTY OWNER(S)**

**II. APPLICANT (IF DIFFERENT THAN OWNER)**

Name \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Daytime Phone \_\_\_\_\_  
Email (optional) \_\_\_\_\_

Name \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Daytime Phone \_\_\_\_\_  
Email (optional) \_\_\_\_\_

**III. PROPERTY**

Location or Address \_\_\_\_\_ Tax Acct. No. \_\_\_\_\_ Acreage \_\_\_\_\_  
Township \_\_\_\_\_; Range \_\_\_\_\_; Section(s) \_\_\_\_\_; Tax Lot(s) \_\_\_\_\_  
Comp. Plan Designation \_\_\_\_\_ Zone \_\_\_\_\_  
School District: \_\_\_\_\_ Fire District: \_\_\_\_\_  
Water Service Type: \_\_\_\_\_ Sewage Disposal Type: \_\_\_\_\_

**V. PARTITION REQUEST**

Current Property Acreage: \_\_\_\_\_  
Number of Proposed Parcels: \_\_\_\_\_  
Size of Proposed Parcels: \_\_\_\_\_

**VI. ATTACHED WRITTEN STATEMENT.** With all land use applications, the “burden of proof” is on the applicant. It is important that you provide information that clearly describes the nature of the request and indicates how the proposal complies with all of the applicable criteria within the Polk County Subdivision and Partition Ordinance (PCSO) and/or the Polk County Zoning Ordinance (PCZO). You must address each of the Ordinance criteria on a point-by-point basis in order for this application to be deemed complete. A planner will explain which sections of the Ordinance pertain to your specific request.

The information described 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. *Please mark the items below to ensure your submittal is complete.*

Application Check List

- A.  A written statement of intent, attached to this application, with necessary supporting evidence which fully and factually provides the following:
  - 1.  A complete explanation of how the request complies with the applicable provisions and criteria in the PCSO and the PCZO. A planner will explain which sections of the Ordinance pertain to your specific request. You must address each of the Ordinance criteria on a point-by-point basis in order for this application to be deemed complete.
  - 2.  Present use of the property
  - 3.  Proposed use of each parcel
  - 4.  Proposal to provide domestic water to each parcel
  - 5.  Provisions for on-site septic use (site approved on each proposed lot?)
  - 6.  If the request relies on authorization granted under "Measure 49 (2007)," please provide a copy of the Final Order and Home Site Authorization granted by the Oregon Department of Land Conservation and Development, and described how the proposed partition complies with the conditions listed in that Home Site Authorization.
- B.  A tentative plan map of the proposed land partition. The tentative plan should be drawn on a survey or tax assessment map, indicating how the parcel would be partitioned. The approximate size of each parcel and the location of the access, buildings, structures, septic systems (including repair areas), and pertinent physical features should be clearly shown.
- C.  Evidence to demonstrate how the subject property was lawfully established under PCSO 91.950. This should include a copy of the land use action that created the lot or parcel; such as a subdivision plat, partition plat, or property line adjustment; or if prior to May 15, 1974, a deed that describes the property. Please also provide your current deed with legal description. Copies may be obtained at the Polk County Clerk's Office.

**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 on 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.**

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**Signatures of owners that appear on deed and/or authorized agent**  
**\*If signed by an agent, owner's written authorization must be attached.**  
**\*Electronic signatures are not accepted.**

**PLEASE NOTE: THIS APPLICATION MUST BE RETURNED IN PERSON.**