

City of Ashland Planning Division

51 Winburn Way • Ashland, OR 97520 Phone (541) 488-5305 • Fax (541) 488-6066

Application Fee \$47.50 per address

Email: <u>Planning@ashland.or.us</u>

New Address/Change of Address Application Form

Include a Site Map or Diagram, including Building Outline/Proposed Access

Site information:				
Map & Tax Lot #:			Date Requested:	
Existing Address or Parent Property	Address:			
Street the Structure or Unit Front Wil	l Front On:			
Owner/Applicant Information:				
Property Owner Name:				
Property Owner Email:		Property Owne	Property Owner Phone:	
Property Owner Mailing Address:		•		
City:	State:		Zip:	
Applicant Name:			•	
Applicant Email:	Applicant Email:		Applicant Phone:	
Applicant Mailing Address:		1		
City:	State:		Zip:	
<u> </u>				
Reason for Request:				
New Subdivision				
Name of Subdivision:				
Date of Preliminary Plat Approval:		Date of Fin	Date of Final Plat Approval:	
Land Partition		_		
Date of Planning Commission Approval:		Date of Final Plat Approval:		
New Commercial/Mixed Use	_			
Date of Planning Commission Appro				
# of Commercial Spaces: 1st floor	2 nd floor	3 rd floor		
# of Residential Units: 1st floor	2 nd floor	3 rd floor		
New Multi-Family Residential				
Date of Planning Commission Appro				
# of Residential Units: 1st floor	2 nd floor	3 rd floor		
New Single Family Residential	on an Existing S	ingle Lot		
Second Dwelling Unit (ARU)				
Public Works – Utilities Placem	ent			
Describe Type & Location:				
Other				
Describe:				
Applicant's Signature		Ī	Date	