

**CITY OF JOHN DAY
APPLICATION FOR LAND PARTITION**

Applicant Iron Triangle LLC Phone 541-575-2102

Address PO Box 325 City John Day State OR Zip 97845

Property Owner Iron Triangle LLC Phone _____

Address PO Box 325 City John Day State OR Zip 97845

Property Location Address 13S31E22D Tax Lot 305

Zoning GC Present Parcel Size 20.22 Number of Proposed Parcels 2

Proposed Parcel Size: Parcel 1 ~~18.17~~ 1.22 Parcel 2 1.58 Parcel 3 18.17

Present Use Empty parcel utilized for parking

Proposed Use Commercial Retail

As part of your land use request, you must submit the following information:

- The Property Deed. Attached
Names and addresses of adjoining landowners.
A map showing the following information. see attachments
- 1) Applicants name;
 - 2) Legal description of property, and tax lot number;
 - 3) North arrow and scale;
 - 4) Proposed division line(s) and proposed area of each parcel;
 - 5) Location of adjacent streets, and any proposed access indicating if it is proposed to be private or public access;
 - 6) Location of existing domestic water and sewer lines;
 - 7) Location of creeks, streams, ponds, springs or other drainage ways;
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I agree to abide by the requirements of the ordinances adopted by the City of John Day as they apply to this request. I agree to provide any supplemental materials or information that may be necessary or requested by the City Planning Department, which may be required to process this application

Applicant's Signature [Signature] Date 1/24/2020
Owner's Signature (if different) [Signature] Date 1/24/2020

FOR OFFICIAL USE ONLY

RECEIVED

JAN 24 2020

CITY OF JOHN DAY

Application received by _____ Date _____
Application fee of _____ received Date _____

THIS APPLICATION IS

Approved _____ Not Approved _____ Requires Additional Information _____

City of John Day Planning Director

Date