



CITY OF JACKSONVILLE
 110 E. Main St. – P. O. Box 7, Jacksonville, OR 97530
 Phone: (541) 899-6873 Fax: (541) 899-7882
www.jacksonvilleor.us

Office Hours:
 Mon - Tues - Thurs – Fri - 8:30am – 2:00pm
 Wednesday: **Closed to the public all day**

(Minor) Revision of Prior Approval

Fee: **\$120.00 Adm.** **\$240.00 Hrg.**

Receipt #: _____

Review Level: _____

PROJECT ADDRESS: _____

APPLICANT (OWNER): _____

APPLICANT'S MAILING ADDRESS: _____

PHONE NUMBER: _____ **FAX NUMBER:** _____

APPLICANT'S REPRESENTATIVE: _____

REPRESENTATIVE'S MAILING ADDRESS: _____

REPRESENTATIVE'S PHONE NUMBER: _____ **FAX #:** _____

A 200' FOOT VICINITY MAP AND MAILING LABELS ARE REQUIRED FOR ALL APPLICATIONS REQUIRING A HEARING ~ Contact a local Title company and request 2 sets of labels OR go to the Jackson County website at: <http://www.co.jackson.or.us>. & follow the instructions on the "intro & tips" tab.

TOWNSHIP 37 RANGE 2w SECTION _____ TAX LOT _____

Is this property designated as an historic property? _____
 (This information is obtained by the Planning Dept. when application submitted)

Does this property have a special tax assessment (tax freeze)? _____
 If yes, please send a copy of this application to:

State Historic Preservation Office
 1115 Commercial St. NE, Suite 2
 Salem, OR 97301-1012

Does this property have a conservation easement? _____
 If yes, please submit relevant restrictions with application

NATURE OF ORIGINAL PROJECT AND REVISION: _____

APPLICANT'S SIGNATURE: _____ **DATE:** _____