Exhibit A.1



## Land Use Planning Division Multnomah 1600 SE 190th Ave Portland OR 97233

**FORM** Ph: 503-988-3043 Fax: 503-988-3389

**GENERAL APPLICATION** 

https://multco.us/landuse/ Portland, or PROPERTY IDENTIFICATION Property Address 16900 NW Sauvic Island vd State Identification 2N1W21 -01100 Site Size 20.05 Acres A&T Alternate Account Number R# 971210140 For Staff Use OTHER PARCEL (if applicable) Nous Property Address CASE NUMBER T2-2021-14361 Site Size State Identification A&T Alternate Account Number R# LAND USE PERMIT(S) LOR PROPERTY OWNER(S) OR CONTRACT PURCHASER(S) Name Michael Robideau Mailing Address 16900 NW Sacruic Island Rd > DATE SUBMITTED City Yortland State OR Zip Code 97231 Phone# 02/17/2021 I authorize the applicant below to make this application. RECEIVED BY LE & HK Property Owner Signature #1 Property Owner Signature #2 Compliance Related NOTE: By signing this form, the property owner or property owner's agent is granting permission for Planning Staff to conduct site inspections on the property. Adjacent to Washington/ Clackamas/Columbia If no owner signature above, a letter of authorization from the owner is required. County APPLICANT'S NAME AND SIGNATURE Applicant's Name Patrick Maker NA PF/PA No. Mailing Address 5431 SE 72 W Ave T1-2020-13785 City Portland State OR Zip Code 97206 Phone # 503-935-3005 Related Case No. Fax E-mail cquuabiscorner 710 at G mail. com EP-2020-13663 Related Case No. Applicant's Signature GENERAL DESCRIPTION OF APPLICATION (REQUIRED) ZONING Please provide a brief description of your project and permits you are seeking. request for a Lot of Record Veri Fication application **Zoning District** WRG **Zoning Overlay**