



Land Use Planning Division
 1600 SE 190th Ave
 Portland OR 97233
 Ph: 503-988-3043 Fax: 503-988-3389
<https://multco.us/landuse/>

GENERAL APPLICATION FORM

Sent
Exhibit A.6

PROPERTY IDENTIFICATION *Lot 1100 And 1200* *Portland, OR*
 Property Address 16900 NW Sawvic Island rd *97231*
 State Identification _____ Site Size _____
 A&T Alternate Account Number R# _____

OTHER PARCEL (if applicable) ~~XXXXXX~~
 Property Address To Include Lot # 1200 with Lot #1100
 State Identification _____ Site Size _____
 A&T Alternate Account Number R# _____

PROPERTY OWNER(S) **OR CONTRACT PURCHASER(S)**
 Name Michael Robideau
 Mailing Address 16900 NW Sawvic Island Rd
 City Portland State OR Zip Code 97231 Phone# _____
 I authorize the applicant below to make this application.
[Signature]
 Property Owner Signature #1 _____ Property Owner Signature #2 _____
 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.
 If no owner signature above, a letter of authorization from the owner is required.

APPLICANT'S NAME AND SIGNATURE
 Applicant's Name Patrick Maher
 Mailing Address 5431 SE 72nd Ave
 City Portland State OR Zip Code 97206 Phone # 503-935-3005
 Fax _____ E-mail caunabi@corner710atgmail.com
[Signature]
 Applicant's Signature

GENERAL DESCRIPTION OF APPLICATION (REQUIRED)
 Please provide a brief description of your project and permits you are seeking.
request for a lot of Record Verification application
on Lot 1100 And 1200

For Staff Use
CASE NUMBER
LAND USE PERMIT(S)
DATE SUBMITTED
RECEIVED BY
Compliance Related <input type="checkbox"/>
Adjacent to Washington/ Clackamas/Columbia County <input type="checkbox"/>
PF/PA No.
Related Case No.
Related Case No.
ZONING
Zoning District
Zoning Overlay