

CITY OF HERMISTON

APPLICATION FOR MINOR LAND PARTITION

Applicant's Name:

Date:

Address:

Phone:

(Daytime)

Property Owner's Name (If Different):

Address:

Phone:

(Daytime)

Legal Description: Assessor's Map No:

Tax Lot No:

Subdivision:

Current Zoning Designation:

Total Property Area:

Present Use:

Reason for Request:

I am the owner/ owner's authorized representative.
(If authorized representative, attach letter signed by owner.)

Applicant's Signature:

Date:

Attach two copies (one digital copy) of the plan (11x17).

OFFICE USE ONLY

Date Filed:

Received By:

Meeting Date:

Fee: \$230.00

Date Paid:

Receipt No: