

CITY OF COLUMBIA CITY
1840 Second Street / PO Box 189 / Columbia City, OR 97018
Phone: 503-397-4010 / Fax: 503-366-2870
E-mail: colcity@columbia-city.org

ACCESSORY DWELLING UNIT APPLICATION

APPLICANT(S) _____ PHONE _____

MAILING ADDRESS _____

EMAIL _____

PROPERTY OWNER(S) _____ PHONE _____

MAILING ADDRESS _____

EMAIL _____

REQUEST _____

LOCATION _____

TAX ACCOUNT NO. _____ ZONING: _____

Refer to Chapter 7.112 of the Columbia City Development Code for Accessory Dwelling Unit application requirements. Also review zoning requirements for the property prior to submittal.

DEPOSIT FEE AND AGREEMENT: A fee deposit of \$50 and an executed Agreement to Meet Costs of Development Review and Approval Compliance (see attached Exhibit "B") must accompany the application. Note: Fees for all applications requiring a deposit are billed at actual costs.

SIGNATURE (applicant(s)) _____ DATE _____

SIGNATURE (owner(s)) _____ DATE _____

OFFICE USE ONLY

Date Filed _____ Fee Paid _____ Receipt No. _____

Fee Agreement _____