

**CITY OF WARRENTON
PLANNING AND BUILDING DEPARTMENT**

MISCELLANEOUS REVIEW

OFFICE USE ONLY	
FILE # _____	FEE \$ _____
ZONING DISTRICT _____	
RECEIPT# _____	
DATE RECEIVED _____	

Property Address: _____

Map and Tax lot: _____

Applicant Name: _____

Mailing Address: _____

Phone: _____ **Business Phone:** _____

Property Owners' Name: _____

Mailing Address: _____

Business Name (if applicable): _____

Signature of Applicant: _____

Signature of Property Owner: _____

Proposed Construction / Use: _____

**Return Application To: City of Warrenton
Planning and Building Department
PO Box 250
225 S Main Street
Warrenton, OR 97146**

**Phone: 503-861-0920
Fax: 503-861-2351**