FOR OFFICE USE ONLY

Application #: Cu-2017-101 Date Received: <u>1/6/2</u>017 zone: R1



City of Prineville Conditional Use Permit Application PLEASE NOTE: INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED

PROPERTY OWNER AND APPLICANT INFORMATION

Applicant Name Lutheran Community Services Northwest Phone 253 / 330-0890						
Address_4040 S 188th Street, Suite 300 City_SeaTac State_WA_Zip Code_98188-5070						
Contact: Jake Fournier Email jfournier@lcsnw.org						
Property Owner Pioneer Memorial Hospital-Prineville Phone /						
Address 384 SE Combs Flat Rd. City Prineville State Zip Code						
Email						
Agent/Representative: Liz Dickson, Attorney for Lutheran Community Services Northwest Business NameDickson Hatfield, LLCPhone541 _/585-2229						
Address 747 SW Mill View Way City Bend State OR Zip Code 97702						
Email eadickson@dicksonhatfield.com						
PROPERTY DESCRIPTION						
Property address: 1201 NE Elm Street, Prineville, OR 97754						
Map # - Township 14 S Range 16 E Section 32 Tax Lot 100 & 101						
Present Zoning Limited Residential Total Land Area (Square Ft.)						
Present Land Use Medical						

PROPOSED USE

		New Construction			Residential	
		Multi-Family Dwelling		k	Commercial	
		Enlargement			Industrial	
	ription of Propo g of existing Pionee	sed Use: er Memorial Hospital for Behav	ioral Health Se	ervices	and Counseling facility.	
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TO COMPLETE THIS APPLICATION, PLEASE SUBMIT THE FOLLOWING:						
	Competed Application Form Burden of Proof Statement or general vicinity map indicating geographical location of property. Dimensioned Site Plan, drawn to scale, showing: Actual shape and dimensions of property The location and intended use of each building or structure. Building Setbacks Roads, streets or alleys bordering the property, and any easements to or on the property. Landscaping Parking this application, the undersigned certifies that he/she has read and understands the submittal requirements to Please note: submission of false or misleading information could lead to the denial of this application					
Applicant:	see letter of aut	norization	Da	te:		
		gnature		-		
Property Owner:			Dat	te:		
Property Owner:Signature						

Please note: additional information may be required by the Planning Department prior to the application being deemed complete.