



CITY OF JACKSONVILLE
 110 E. Main St. – P. O. Box 7, Jacksonville, OR 97530
 Phone: (541) 899-6873 Fax: (541) 899-7882
www.jacksonvilleor.us

Office Hours:
 Mon - Tues - Thurs – Fri - 8:30am – 2:00pm
Wednesday: Closed to the public all day

**PERFORMANCE REVIEW
 APPLICATION**
(Pre-Application Conference Required)

Hearing Fee: \$370.85 if <2000 sq ft
 or \$772.65.00 if >2001 sq ft
 Administrative Fee: \$60.00 per hour
 Receipt #: _____

PROJECT PROPERTY ADDRESS _____

APPLICANT (OWNER) _____

MAILING ADDRESS _____

PHONE: _____ FAX: _____ E-MAIL: _____

A 200 FT. VICINITY MAP AND MAILING LABELS MUST BE SUBMITTED FOR ALL APPLICATIONS REQUIRING A HEARING: Contact a local Title company and request 2 sets of labels OR go to the Jackson County website at: <http://www.co.jackson.or.us> and follow the instructions on the “Intro & Tips” tab.

TOWNSHIP 37 RANGE 2W SECTION _____ TAX LOT _____
 ZONING _____

HISTORIC LANDMARK DESIGNATED PROPERTY? YES NO
 (This information can be obtained by the Planning Department upon submission of application)

NATURE OF PROJECT (PLEASE EXPLAIN WHAT YOU PROPOSE TO DO)

IF PROPERTY IS LOCATED IN THE **GENERAL COMMERCIAL ZONE**, PLEASE ADDRESS ***17.32.040** (PERFORMANCE STANDARDS) AND TURN IN WITH APPLICATION

IF PROPERTY IS LOCATED IN THE **HISTORIC CORE ZONE**, PLEASE ADDRESS ***17.36.040** (PERFORMANCE STANDARDS) AND TURN IN WITH APPLICATION

AS PART OF YOUR FINDINGS, PLEASE ADDRESS: **PEDESTRIAN PLAN, TRAFFIC PLAN, LOADING PLAN, OPEN SPACE PLAN, PARKING PLAN, PUBLIC SAFETY PLAN, AND PERIMETER PLAN.** ALSO, INCLUDE A **SITE PLAN** AND INDICATE ANY INTERIOR/EXTERIOR CHANGES.

APPLICANT NAME (please print): _____

APPLICANT SIGNATURE _____ DATE _____

****PLEASE NOTE: A SIGN APPLICATION IS REQUIRED TO BE FILED AND REVIEWED BY THE HISTORICAL AND ARCHITECTURAL REVIEW COMMISSION (HARC).**