



CITY OF TALENT • COMMUNITY DEVELOPMENT

PO Box 445, Talent, Oregon 97540
Phone: (541) 535-7401 Fax: (541) 535-7423 www.cityoftalent.org

USE CLASSIFICATION REVIEW

Property Owner	Mailing Address (include city, zip)	Phone
Street Address or Property Location	Email Address	
Applicant/Consultant (if not owner)	Mailing Address (including city, zip)	Phone

Zoning District:	Old Town Design District?	Yes	No
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General business type: Retail Restaurant Repair Service
 Office Personal Service Manufacturing

Description of Business Activities: _____

***Attach site plan showing square footage of building unit**

*Gross floor area of business (sq. ft.):	If restaurant, how much seating will there be?	Number of employees?
Available Parking	on property:	on street:
		other:
Vehicular Access	primary street:	secondary street:
		Alley? yes no

Describe any changes or modifications to be made to *building*, both interior and exterior

Describe any changes or modifications to be made to the *property*

I hereby certify that the statements and information contained in this application, including the enclosed drawings and the required findings of fact, are in all respects, true and correct. Further, I understand that approval of a land use permit shall not be construed to constitute a permit to engage in any activity prohibited by law or a waiver or any other regulatory requirement imposed by federal, state, or local law. A land use permit does not imply or indicate the City's endorsement of any business or business activity. Verification of land use classification is required before conducting business within the City.

Applicant's Signature _____ **Date** _____
Property Owner's Signature _____ **Date** _____

In compliance with the Americans with Disabilities Act, if you need special assistance, please contact TTY phone number 1-800-735-2900 for English and for Spanish please contact TTY phone number 1-800-735-3896.

The City of Talent is an Equal Opportunity Provider

THIS SIDE FOR OFFICE USE ONLY

Outstanding code violations: _____

Further Notes _____

Allowed Use? Yes No **Additional Land Use Application Required?** Yes No

Type of Land Use Application Required (if applicable)

Transportation Utility Fee

Bus. type: _____ ITE code: _____ Size: _____
 (No. of units) x (Chargeable trip-ends) x (Rate) \$0.38 = Mthly. Fee: \$
 See (2-2.280 & exhibit A) and Resolution 784 for fee calculations

Parks Surcharge (No. of units) _____ x \$3.00 = _____
 Employees, ADUs, Apts, Duplex, Non-Res, SFRs, are all different. See definitions & calc. for units (2-1.130)

Library Surcharge (No. of units) _____ x \$2.00 = _____
 Employees, ADUs, Apts, Duplex, Non-Res, SFRs, are all different. See definitions & calculations for units (2-1.220)

Public Safety Surcharge (No. of units) _____ x \$4.00= _____
 Employees, ADUs, Apts, Duplex, Non-Res, SFRs, are all different. See definitions & calculations for units (2-1.420)

Parking

Unit of measure: g.f.a.: _____ Employee: _____ Seats: _____ Other: _____

Parking need: _____ Parking available: _____ Excess/Deficit: _____

- Give copy of this permit to water clerk Fax this form to Rogue Valley Sewer Service (541-664-7171)
 Give top half of City of Medford Regional Water Reclamation Facility card to applicant – mail bottom half

THIS USE CLASSIFICATION EXPIRES AFTER **SIX MONTHS** IF BUSINESS HAS NOT BEEN ESTABLISHED

FOR OFFICE USE ONLY

Date Received

Community Development Review:

File Number: