



**CITY OF COQUILLE**  
 Planning Department  
 851 N Central Blvd, Coquille, Oregon 97423  
 (541) 356-2115 | planning@cityofcoquille.org

**File No.:** \_\_\_\_\_

**Date Received:** \_\_\_\_\_

**LAND USE PRE-APPLICATION**

**Property Information:**

\_\_\_\_\_  
 Site Location / Address (if None, Nearest Street Address)

\_\_\_\_\_  
 Assessor's Map No. / Tax Lot(s)

\_\_\_\_\_  
 Account No.

\_\_\_\_\_  
 Zoning

**Current/Prior Use of Property:**

\_\_\_\_\_

**Detailed Description of Proposal:**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Owner/Applicant Information:**

\_\_\_\_\_  
 Property Owner Name

\_\_\_\_\_  
 Property Owner Phone

\_\_\_\_\_  
 Property Owner Email

\_\_\_\_\_  
 Property Owner Mailing Address

**Property Information:**

\_\_\_\_\_  
 Property Owner's Representative Name

\_\_\_\_\_  
 Representative Phone

\_\_\_\_\_  
 Representative Email

\_\_\_\_\_  
 Representative Mailing Address

The undersigned property owner(s) hereby authorizes the filing of this application, and authorizes on site review by authorized staff. I hereby agree to comply with all code requirements applicable to my application. Acceptance of this application does not infer a complete submittal. All amendments to the City of Coquille Municipal Code and to other regulations adopted after the application is approved shall be enforced where applicable. Approved applications and subsequent development is not vested under the provisions in place at the time of the initial application.

\_\_\_\_\_  
 Signature of Property Owner or Representative

\_\_\_\_\_  
 Date