



Dunes City
 82877 Spruce Street
 Box 97
 Westlake, OR 97493
 Phone: 541-997-3338
 Fax: 541-997-5751
 Office Hours: M-Th 10am-4pm

OFFICE USE ONLY	
Permit No.:	Cross Reference Permit No.:
Date Received:	
Approved by City Recorder:	
Date Issued:	Paid by: Cash / Check Check No.:

SHORELAND ZONE VEGETATION / TREE REMOVAL PERMIT APPLICATION

Job Address:			
Assessor's Map No.	Tax Lot(s)	Zone	Acres
CLASS OF WORK: SHORELAND VEGETATION / TREE REMOVAL			
Property Owner (print):		Phone:	
Mailing Address:	City:	State:	Zip:
Contractor (print):		Phone:	
Mailing Address:	City:	State:	Zip:
DCBL #:	Phone:		
Engineer, Architect or Designer (print):		Phone:	
DESCRIPTION OF WORK: <i>Dunes City Code 154.04 defines permit procedures of vegetation and tree removal within the shoreland. Along with this application, include a map of the property with dimensions and legal description, the original vegetation inventory as defined in DCC 154.02 and an inventory of existing vegetation, indicating that which is proposed for removal.</i>			
REASON FOR VEGETATION / TREE REMOVAL:			
STEPS TO BE TAKEN TO PREVENT SOIL EROSION AND MINIMIZE IMPACTS ON WILDLIFE HABITAT, SCENIC VALUES AND WATER QUALITY:			

<u>NOTICE</u>	
This permit becomes null and void if work is not commenced within 180 days, or if work is suspended for a period of 180 days.	
I HEREBY CERTIFY THAT I HAVE READ AND EXAMINED THIS APPLICATION AND KNOW THE SAME TO BE TRUE AND CORRECT. ALL PROVISIONS OF LAW AND CODES GOVERNING THIS TYPE OF WORK WILL BE COMPILED WITH WHETHER SPECIFIED HEREIN OR NOT. THE GRANTING OF A PERMIT DOES NOT PRESUME TO GIVE AUTHORITY TO VIOLATE OR CANCEL THE PROVISIONS OF ANY OTHER STATE OR LOCAL LAW REGULATING CONSTRUCTION OR THE PERFORMANCE OF CONSTRUCTION.	
Property Owner Signature: _____	Date: _____
Contractor Signature: _____	Date: _____

PERMIT FEE	\$25.00
CITY SURCHARGE	\$25.00
INVESTIGATION FEE	\$
TOTAL FEES	\$

DATE AND TIME OF SITE REVIEW:
COMMENTS:
FOR INSPECTIONS CALL DUNES CITY HALL AT 541-997-3338