



Residential Review

City of Klamath Falls Development Services
226 South 5th Street, Klamath Falls, OR 97601

File Number: _____

FILE INFORMATION *Official Use only*

Date Received: _____ Date Application Complete: _____
Residential Review Fee: _____ Paid → Date Paid: _____

APPLICANT INFORMATION

Please check primary contact person

APPLICATION FORM TO BE COMPLETED IN INK

Landowner Name: _____ Daytime Phone: _____
Mailing Address: _____ Email: _____
 Applicant Name: _____ Daytime Phone: _____
Mailing Address: _____ Email: _____
 General Contractor: _____ Daytime Phone: _____
Mailing Address: _____ Email: _____
Contractor's License No: _____ City Business License No: _____

SUBJECT SITE INFORMATION

Property Address: _____
Map & Tax Lot Number(s): _____
Subdivision, Lot & Block: _____
Current Zoning: _____ Total Size of Parcel(s): _____
Existing and Proposed Grades: _____ Cut/Fill Quantities (Cubic Yards): _____
Square Footage of Non-Structure Impervious Areas (pavement, concrete, patios, etc.): _____
Where and how will stormwater be directed from all impervious areas: _____

How will erosion be prevented after construction is complete? _____

PROJECT INFORMATION

↕ Type of Project Proposed – *Check all that apply* ↕

Single Family Dwelling Manufactured Home Apartments → No. of Units: _____
 Duplex Triplex Fourplex Addition Carport Garage Deck/Covered Porch
 Other → Please Describe: _____

ROOF PITCH: _____ PROPOSED SQUARE FOOTAGE: _____ HEIGHT OF STRUCTURE: _____
TOTAL SQUARE FOOTAGE OF ALL EXISTING STRUCTURES ON LOT: _____

☞ **The City strongly recommends hiring a licensed surveyor to locate property lines in the field.** ☞

RESIDENTIAL REVIEW APPROVAL VALID FOR 1 YEAR FROM DATE OF DECISION.

(OVER)

