



Clatsop County Community Development

800 Exchange Street, Suite 100

Astoria, Oregon 97103

Phone 503 325-8611 Fax 503 338-3606

E-Mail to: comdev@co.clatsop.or.us

Website: www.co.clatsop.or.us

<input type="checkbox"/> Development Permit	Fee \$85	<input type="checkbox"/> Flood Review	Fee \$110	<input type="checkbox"/> Geologic Hazard Review	Fee \$85
		<input type="checkbox"/> Flood Renewal	Fee \$50		
<input type="checkbox"/> Grading, Drainage, Erosion Control	Fee \$150	<input type="checkbox"/> Road Approach	Fee \$0	<input type="checkbox"/> Address	Fee \$225 <input type="checkbox"/> Road Name
					Fee \$265
<input type="checkbox"/> Other – Description			Fee \$	Total Due \$	

All owners of record, per Clatsop County Assessment records, **must sign the application**.

Representatives of public agencies, corporations, trusts, etc. must provide documentation of signing authority (Power of Attorney, Trust Document, etc.).

INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED

Project Description: _____

Property Address _____

Owner: _____ Email: _____

Address: _____ City/State/Zip: _____

Phone: _____ Phone: _____

Signature: _____ Date: _____

Owner: _____ Email: _____

Address: _____ City/State/Zip: _____

Phone: _____ Phone: _____

Signature: _____ Date: _____

Applicant/Other: _____ Email: _____

Address: _____ City/State/Zip: _____

Phone: _____ Phone: _____

Signature: _____ Date: _____

OFFICE USE ONLY

Base Zone(s): _____ Overlay(s): _____

Map ID(s): _____ Acres: _____

Contiguous Properties in same ownership: _____

Existing Structures: _____



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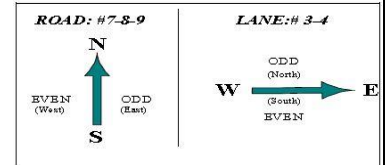
New Address Application – Fee \$225

Access Permit #: ODOT _____ Clatsop County _____ Access Street Name: _____

Cross Street _____ Fire Dept _____ School _____

Water _____ Sewer _____ Power _____ Gas _____

Provide a statement indicating the driveway is complete or a detailed description of how the driveway is marked in the field.
Failure to provide this information may result in the delay of your address assignment.



OFFICE USE ONLY: NEW ADDRESS: _____

Beginning Address: _____ Distance (+/_): _____

Final: _____ Comments: _____

Road Name Application – Fee \$265

☐ Third house to be constructed on a private road or driveway, **OR**

☐ New Subdivision. Name: _____

Names are limited to fifteen (15) characters and a total of three words excluding the suffix (Rd, Ln)

Choice 1: _____

Choice 2: _____

Choice 3: _____

(Office Use Only)

☐☐☐

The road suffix is assigned based on the direction the road generally travels. Select one.

☐ Lane (LN) West-East

☐ Road (RD) South-North

The following suffixes have specific criteria that must be met in order to be assigned, please consult with county planning staff to determine if your road qualifies for these designations: **Court (CT) Drive (DR) Loop (LP)**

A road name can only be assigned with a majority agreement of the affected property owners. If an agreement cannot be reached, the name will be selected by Clatsop County.

All new road names are subject to approval by the following: Clatsop County Surveyor, Clatsop County Sheriff. Clatsop County Planning Department and Astoria PSAP 911



Clatsop County Public Works

1100 Olney Avenue

Astoria, Oregon 97103

Phone 503 325-8631 Fax 503 325-9312

roads@co.clatsop.or.us www.co.clatsop.or.us

Permit No. _____

Application & Permit to Construct Approach Road

Applicant Name: _____,

Applicant, declares that he/she is the owner or lessee of the real property adjoining the highway at the location described herein and has the lawful authority to apply for this permit. When approved, the application is subject to the terms and provisions contained herein and attached hereto.

Road Name: _____ **Map ID:** _____

Side of Road: North ☐ South ☐ East ☐ West ☐

Between/Near Landmarks: _____

Provide Sketch Below and/or Attach Map

Applicant Signature: _____ Date: _____

Mailing Address: _____

Phone: _____ Email Address: _____

Your signed permit will be mailed to you. Please allow two (2) weeks for processing.

Section Below to be Completed by the Public Works Department

Site Distance Adequate: Yes ☐ No ☐ If no, explain: _____

Culvert Required: Yes ☐ No ☐ Size _____ Type _____ Length _____

Rock Required: Yes ☐ No ☐ Size _____ Amount _____

The county will install the above culvert: Yes ☐ No ☐ For a prepaid fee of \$ _____

Special Comments _____

Permit Approved: _____ Date _____

Construction Approved: _____ Date _____

When construction is approved, provide copy to Clatsop County Land Use Planning Department