



## Land Use Compatibility Statement

Certain plan review approvals for drinking water projects have been identified by the Land Conservation and Development Commission as Class B permits affecting land use. The Oregon Health Authority is therefore required by ORS 197.180, OAR 660, division 30, OAR 660, division 31, the Oregon Health Authority’s approved State Agency Coordination Program, and OAR 333-061-0062 to ensure that projects defined in OAR 333-061-0062(1) conform with statewide planning goals and are compatible with city and county comprehensive plans and land use regulations. In order to ensure such compatibility, this form or other acceptable documentation and necessary attachments must accompany each applicable set of project plans submitted to the Oregon Health Authority for review.

### General Information

Project Title \_\_\_\_\_

Applicant \_\_\_\_\_  
Name of Water System

Type of Project \_\_\_\_\_  
Treatment, Transmission, Storage, Distribution, New Source, etc.

Project Contact Person \_\_\_\_\_  
Engineer, Owner, etc., including title

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

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Email Address

The local government entity\* having comprehensive planning authority over the site of the proposed project is:

Agency Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Zip \_\_\_\_\_

(\*If the proposed project is located within the jurisdiction of more than one planning authority, all entities must certify compatibility.)

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Complete either part A or part B.

A. Land Use Compatibility Determination - Planning Authority Statement  
*(to be completed by local planning authority)*

I certify that this project has been reviewed for compatibility with:

- The acknowledged comprehensive plan and land use regulations.
- Statewide planning goals. The goals apply because conditions described in OAR 660-31-0025(3) exist.

I find that this project (**check one**)  IS compatible

IS NOT compatible

Attach appropriate land use decision(s) written findings as required in ORS 215.416 (8) or (9), or 227.173 (1) or (2), or OAR 660-31-026.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_ Title \_\_\_\_\_

B. Request for Conditional Plan Review Approval, Pending Land Use Compatibility Determination *(to be completed by applicant)*

I hereby certify that I have applied to the local government entity cited on page 1 for a determination of compatibility with the local acknowledged plan or the statewide planning goals as applicable. I hereby request that the Authority issue a conditional approval of the plans with the understanding that issuance of said approval is not a finding of compliance with the statewide planning goals or compatibility with the applicable, acknowledged comprehensive plan and land use regulations, but is conditional upon the applicant receiving a land use approval from each unit of local government. I understand that final plan review approval for this project will not be effective until and unless the Oregon Health Authority receives a signed copy of the land use approval and determines it to be complete and adequate.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_ Title \_\_\_\_\_