

ZONING FORM INSTRUCTIONS

Please incorporate these documents in a single file and name your file as follows:

"ZoningForm_2023-2_Project Name"

Certification of Zoning Requirements

- All Applications must include a zoning certification form, even if the Project is solely acquisition or rehabilitation. OHCS has designed a Zoning Certification Form to document the zoning status of the property. OHCS **will not** accept zoning approval in any other format. The City or County staff responsible for the determination of issues related to comprehensive planning and zoning **must** sign the Zoning Certificate. OHCS will not accept an application without completed and appropriately signed certification.
 - For example, an excerpt from the zoning code is not acceptable as zoning confirmation.
- OHCS will not accept applications for Projects that require zone changes or annexations.



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503-986-2000 | www.oregon.gov/OHCS

CERTIFICATION OF ZONING - PROJECT DETAILS

Project Name: _____
Project Type and # of units: _____
Project Location: _____
Acreage of Project Site: _____ Tax Account #(s): _____
Assessor's Map & Tax Lot(s): _____

CERTIFICATION OF ZONING – JURISDICTION DETAILS (Must be completed by local jurisdiction staff.)

- The zoning for this
1. development site is: _____
 2. The number of units (not buildings) [density] allowed for this development site is:
Minimum number: _____ Maximum number: _____
 3. The number of on-site parking spaces required per dwelling unit is: _____
 4. Check the applicable box. (Check only one (1) box):
☐ The proposed use is consistent with the above referenced zoning and applicable land use regulations. The jurisdiction requires no additional land use approvals.
☐ The proposed use will be consistent with the above referenced zoning and applicable land use regulations upon obtaining of the following land use approval(s): _____
_____, or resolution of the following land use issue(s): _____

Applicant submitted the required application(s) for review: _____ has _____ has not
☐ The proposed use _____ is not allowable or _____ cannot be determined to be allowable with the above referenced zoning and applicable land use regulations because: _____

I certify the City/County of _____ has vested in me the authority to verify consistency with local land use regulations and I further certify the foregoing information is true and correct to the best of my knowledge.

_____ Signature	_____ Date	_____ Phone
_____ Print Name	_____ Title	