



725 SUMMER STREET NE, SUITE B | SALEM, OR 97301 503-986-2000 | www.oregon.gov/OHCS

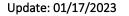
## **ZONING FORM INSTRUCTIONS**

Please incorporate these documents in a single file and name your file as follows: "ZoningForm\_2023-2\_Project Name"

## <u>Certification of Zoning Requirements</u>

- 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 <u>will not</u> accept zoning approval in any other format. The City or County staff responsible for the determination of issues related to comprehensive planning and zoning <u>must</u> 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.

**Zoning Form Instructions** 





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## **CERTIFICATION OF ZONING - PROJECT DETAILS**

Project Name:		
Project Type and # of units:		
Project Location:		
Acreage of Project Site:	f Project Site: Tax Account #(s):	
Assessor's Map & Tax Lot(s):		
CERTIFICATION OF ZONING – J	JRISDICTION DETAILS (Mus	t be completed by local jurisdiction staff.)
The zoning for this  1. development site is:		
2. The number of units (not but Minimum number:	uildings) [density] allowed fo	·
3. The number of on-site pa	orking spaces required per c	welling unit is:
4. Check the applicable box. (	Check only one (1) box):	
The proposed use is c jurisdiction requires n The proposed use will	onsistent with the above refer o additional land use approva	referenced zoning and applicable land
		, or resolution of the following land use issue(s):
Applicant submitted t	he required application(s) for	review: has has not
The proposed use the above referenced	is not allowable or zoning and applicable land us	cannot be determined to be allowable with e regulations because:
I certify the City/County of local land use regulations and I fund knowledge.		in me the authority to verify consistency with ormation is true and correct to the best of my
Signature	Date	Phone
Print Name	Title	