

DEQ Land Use Compatibility Statement

COMPLETED BY APPLICANT

1. Property Owner Name(s): Smith Demita Shontee
Mailing Address: 83440 Creekside Dr, Seaside OR
Telephone 1: 503-717-2777 Telephone 2: _____
Email Address mikemaltman@hotmail.com

2. Applicant Name: J.R. Luttrell
Mailing Address: Po. Box, 496 Seaside Or 97138
Telephone 1: 971-601-0238 Telephone 2: _____
Email Address luttrell18@yahoo.com

3. **Property Information:**
Situs Address: 83442 Creekside Dr, Seaside OR
Township 5 Range 10 Section 23AD Tax Lot 300
Subdivision Name (if applicable): _____

4. Proposed Development:
 Single Family Dwelling Accessory Structure Other _____

5. Permit or Approval Requested:
Construction or Installation Permit: New Construction Repair Alteration
Authorization for Replacement of: Dwelling Bedroom Addition
 Other: _____

COMPLETED BY COUNTY PLANNING OFFICIAL PERMIT #: PAYMENT ID:

1. Property Zoning 1 RA-2 Property Zoning 2 _____ Overlays /

2. Minimum Parcel Size 2.0 Actual Parcel Size 2.71 LOR needed LOR Permit # _____

3. The facility is located: Inside City Limits Inside a UGB Outside UGB (county jurisdiction)

4. Does the proposed facility comply with all applicable land use requirements: Yes No

5. Compliance is based on:
a. Compliance with local comprehensive plans and land use requirements. Citation: LAWDVC, Section 4.2600, 4.2620(1).
b. Conditional Approval – Findings and citation attached or a copy of the applicable land use decision is attached.
c. Measure 49 Waiver – DLCD Approval Number: _____

Comments: Dev Permit #24-000402

Planning Official Signature J Pollack Date 1-14-25