

# Administrative Adjustment Application

THIS IS A PUBLIC RECORD

**PROPERTY OWNER/CONTRACT PURCHASER (as listed on deed OR purchase contract):**

*Copy of purchase contract must be included with submittal for application to be accepted.*

NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
PHONE: \_\_\_\_\_  
E-MAIL: \_\_\_\_\_

**PROPERTY OWNER/CONTRACT PURCHASER (as listed on deed OR purchase contract):**

*Copy of purchase must be included with submittal for application to be accepted.*

NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
PHONE: \_\_\_\_\_  
E-MAIL: \_\_\_\_\_

**SITE INFORMATION:**

ZONING DISTRICT: \_\_\_\_\_  
TAX MAP AND LOT: \_\_\_\_\_  
SITE ADDRESS: \_\_\_\_\_

**REQUESTED ADMINISTRATIVE ADJUSTMENT:**

Explain the requested administrative adjustment and the reason for the request:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_

**PREPARE AND SUBMIT A NARRATIVE ADDRESSING COMPLIANCE WITH LCMC  
17.77.005.D.1 THROUGH 5 LISTED ON PAGE 2**



**ACKNOWLEDGEMENTS:**

My/our initials on the blank next to each item below indicate my/our acknowledgement that the submitted administrative adjustment request complies with each requirement.

\_\_\_\_\_ The adjustment is minor in nature, not to exceed six inches (LCMC 17.77.005.D.1)

\_\_\_\_\_ The adjustment will correct or avoid a noncompliance (LCMC 17.77.005.D.2)

\_\_\_\_\_ All reasonable efforts to rectify the noncompliance have been exhausted (LCMC 17.77.005.D.3)

\_\_\_\_\_ The adjustment will not be materially detrimental to the purposes of the zone (LCMC 17.77.005.D.4)

\_\_\_\_\_ I/we understand and acknowledge that I/we bear the burden of proof and that the review is based upon the accuracy and thoroughness of the provided proof and that there is no guarantee of approval of a submitted application.

I (We) hereby declare under penalty of perjury under the laws of the State of Oregon that the foregoing information, as well as the information contained in the narrative, is true, complete, and accurate. I (We) have read and fully understand, and certify that the criteria for an administrative adjustment are met, pursuant to Lincoln City Municipal Code (LCMC) Section 17.77.005 and reflected in this application and attached narrative.

I (We) acknowledge that providing false information in the application shall be a violation and grounds to deny the application and void the approval.

**SIGNATURES:**

\_\_\_\_\_ Property Owner/Contract Purchaser (signature required)

\_\_\_\_\_ Date

\_\_\_\_\_ Property Owner/Contract Purchaser (signature required)

\_\_\_\_\_ Date

- *All property owners listed on the deed of each parcel/lot must sign the application.*
- *All contract purchasers listed on the purchase contract must sign the application.*
- *If contract purchasers are individuals other than the property owners shown on the deed, all property owners listed on the deed as well as all contract purchasers listed on the purchase contract must sign the application.*