INGTON COLLE

WASHINGTON COUNTY
Dept. of Land Use & Transportation
Planning and Development Services
Current Planning

| Current Planning 155 N. 1st Avenue, #350-13 Hillsboro, OR 97124 Ph. (503) 846-8761 Fax (503) 846-2908 http://www.co.washington.or.us Request For Statement Of Service Availability (Service Provider Letter) FIRE DISTRICT: | | PHONE: APPLICANT/PROJECT CONTACT: NAME: ADDRESS: PHONE: EMAIL: Property Desc.: Tax Map(s): Lot Number | | |
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| EXISTING USE: | | Site Size:Site Address:Nearest cross stree | | |
| PROPOSED PROJECT NAME: _ | | | | |
| PROPOSED DEVELOPMENT AC | STION: | | | |
| IF RESIDENTIAL: NO. OF ADD'L DWELLING UNITS:_ **** PLEASE INDICATE THE LEVE RETURN THIS COMPLETED F (Do NOT return this form to V their Land Development Appl | *ATTENTION SERVILLE OF SERVICE AVAILABED ORM TO THE APPLICATION OF THE | VICE PROVID BLE TO THE SITE NT AS LISTED AB | BLDG, SQ. FT NO. STUDEN PORTON OF THE PORTON OF THE BLDG, SQ. FT NO. STUDEN PORTON OF THE NO. SQ. FT NO. SQ. FT NO. SQ. FT NO. SQ. FT NO. SQ. FT NO. SQ. FT NO. STUDEN PORTON OF THE NO. SQ. FT NO. STUDEN PORTON OF THE NO. | T ITS/EMPLOYEES/MEMBERS: _ OF THE OR INADEQUATE). |
| ADEQUATE FIRE PROTECTION CONFORMANCE WITH OREGON FI necessary.) Please provide any comments regard | RE CODE DURING GRADIN | | • | |
| SIGNATURE: SERVICE LEVEL IS INADEQUA Please indicate why the service level | TE TO SERVICE THE PROF | POSED PROJECT. | | DATE: |
| SIGNATURE: | POSITION: | | | DATE: |

OWNER(S): NAME:

ADDRESS: