



*City of Florence*  
Community Development Department  
250 Highway 101  
Florence, OR 97439  
Phone: (541) 997 - 8237  
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[www.ci.florence.or.us](http://www.ci.florence.or.us)

**Type of Request**

**THIS SECTION FOR OFFICE USE ONLY**

Type I  Type II  Type III  Type IV

Proposal: \_\_\_\_\_

**Applicant Information**

Name: Paul Pearson Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Phone 2: \_\_\_\_\_

Address: \_\_\_\_\_

Signature: Paul Pearson Date: 6-22-22

Applicant's Representative (if any): \_\_\_\_\_

**Property Owner Information**

Name: Florence Christian Church Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Phone 2: \_\_\_\_\_

Address: 900 2nd Street, Florence, Or. 97439

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant's Representative (if any): \_\_\_\_\_

NOTE: If applicant and property owner are not the same individual, a signed letter of authorization from the property owner which allows the applicant to act as the agent for the property owner must be submitted to the City along with this application. The property owner agrees to allow the Planning Staff and the Planning Commission onto the property. Please inform Planning Staff if prior notification or special arrangements are necessary.

**For Office Use Only:**

Received	Approved	Exhibit
<p>RECEIVED City of Florence  JUN 23 2022</p>		

**Property Description**

Site Address: 900 2nd St., Florence Or.

General Description: A temporary conditional use permit is proposed for three RV sites to serve as temporary housing for families in need.

Assessor's Map No.: 18 - 12 - 27 Tax lot(s): 10900

Zoning District: medium density residential

Conditions & land uses within 300 feet of the proposed site that is one-acre or larger and within 100 feet of the site that is less than an acre OR add this information to the off-site conditions map

(FCC 10-1-1-4-8-3): \_\_\_\_\_

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

**Project Description**

Square feet of new: n/a Square feet of existing: \_\_\_\_\_

Hours of operation: \_\_\_\_\_ Existing parking spaces: \_\_\_\_\_

Is any project phasing anticipated? (Check One): Yes  No

Timetable of proposed improvements: 6 months

Will there be impacts such as noise, dust, or outdoor storage? Yes  No

If yes, please describe: \_\_\_\_\_  
\_\_\_\_\_

Proposal: (Describe the project in detail, what is being proposed, size, objectives, and what is desired by the project. Attach additional sheets as necessary)

**Please refer to the attachments**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**For Office Use Only:**

Date Submitted: \_\_\_\_\_ Fee: \_\_\_\_\_  
Received by: \_\_\_\_\_

Paid