

**(7) CITY/COUNTY PLANNING DEPARTMENT AFFIDAVIT (to be completed by local planning official)**

I have reviewed the project outlined in this application and have determined that:

- This project is not regulated by the comprehensive plan and land use regulations.
- This project is consistent with the comprehensive plan and land use regulations.
- This project will be consistent with the comprehensive plan and land use regulations when the following local approval(s) are obtained.

Conditional Use Approval     Development Permit     Other \_\_\_\_\_

This project is not consistent with the comprehensive plan. Consistency requires a

Plan Amendment     Zone Change     Other \_\_\_\_\_

An application  has \_\_\_\_\_ and above.

Athina Melin  
Local planning official name (print) \_\_\_\_\_  
Comments:

Planning Sec    GRANT    4/17/06  
Title    City/County    Date

**(8) COASTAL ZONE CERTIFICATION NA**

If the proposed activity described in your permit application is within the Oregon coastal zone, the following certification is required before your application can be processed. A public notice will be issued with the certification statement, which will be forwarded to the Oregon Department of Land Conservation and Development for its concurrence or objection. For additional information on the Oregon Coastal Zone Management Program, contact the department at 635 Capitol Street NE, Suite 150, Salem, Oregon 97301 or call 503-373-0050.

**CERTIFICATION STATEMENT**

I certify that, to the best of my knowledge and belief, the proposed activity described in this application complies with the approved Oregon Coastal Zone Management Program and will be completed in a manner consistent with the program

Print /Type Name \_\_\_\_\_ Title \_\_\_\_\_  
Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

**(9) SIGNATURE FOR JOINT APPLICATION**

Application is hereby made for the activities described herein. I certify that I am familiar with the information contained in the application, and, to the best of my knowledge and belief, this information is true, complete, and accurate. I further certify that I possess the authority to undertake the proposed activities. I understand that the granting of other permits by local, county, state or federal agencies does not release me from the requirement of obtaining the permits requested before commencing the project. I understand that payment of the required state processing fee does not guarantee permit issuance. The fee for the state application must accompany the application for completeness. Amount enclosed \$ \_\_\_\_\_

Print /Type Name \_\_\_\_\_ Title \_\_\_\_\_  
Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

I certify that I may act as the duly authorized agent of the applicant.

Print /Type Name \_\_\_\_\_ Title \_\_\_\_\_  
Authorized Agent Signature \_\_\_\_\_ Date \_\_\_\_\_

I certify that the applicant has my permission to conduct the project on my property.

JASON L. WHARTON    MR.  
Title    12/8/2006  
Date

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<sup>3</sup> If the project is on a state-owned waterway, you must contact the Land Management Division of the Department of State Lands for approval to proceed with this application. See [http://www.dsl.or.gov](#) for a list of state-owned waterways.