

CITY OF KEIZER PARTITION APPLICATION

Applicant:	Back	N I	rue s	truent	s. LLC	_
Address:	2412	reclunicity	Kerros	Zip 9 7.30	13	
Email Address:						
Phone Number:					_	
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Agent (if applicab		anchi	-	alton	20	
Address: 1155			Salur		Da,	
Email Address:	bdalte	20 mte	ngir	100 CINC	ret	
Phone Number:	503-3	363-98	7	l		
		Rock		1001	made	110
Property Owner (it different):				ments	, acc
Address:		City		Zip	-	
Email Address:	1					
Phone Number:						
Property Address:	11111	10000		P-1		
Property Address:	11-11	VIOLIC	my	LOI		
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Information Page:		i the items i	isteu Dei	uw, as expli	amea m aic	. I altition
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Proposed st			tem			
Title transfe	er instrument					
The Applica	nt's written s	tatement				
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		*********	1. 11.			
STREET/ACCESS I	EASEMENT N	AMING (if ap	plicable			
If new street(s) or	nrivate acces	s essement(s)	are create	ed with the n	roposed devi	elonment.
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THE APPLICANT(s) SHALL CERTIFY THAT:

- 1. The above partition request does not violate any deed restrictions that may be attached to or imposed upon one, both, or all of the subject properties.
- 2. If the application is approved, the applicant(s) will exercise the rights granted in accordance with that approval and will be subject to all conditions and limitations of approval.
- 3. All of the above statements and the statements included on the plot plan and exhibits attached to the plot plan are true to the best of the applicant's knowledge; and the applicants acknowledge that any permit issued on the properties may be revoked if is found that any statements are false.
- 4. The applicant(s) acknowledge that this application and all applicable policies and criteria have been read and understood, and that the requirements and criteria for approving or denying the application are also understood.

SIGNATURE(s) of APPLICANTS

NOTE: If the applicants are not the property owner(s), the current property owner MUST sign the application.

Liquid A. Thackey

Signature

AGENT AUTHORIZATION

Fill out and sign this portion of the application if you (the applicant) are going to designate another individual as your agent. By signing this section, you authorize the person named to act as your agent and agree to be bound by all representations and agreements made by the designated agent.

Multi/Tech Engineering to act as my representation, and agree to be bound by all representations and agreements made by the above designated agent.

Date

Signature

Signature Member Inc

AUTHORIZATION BY PROPERTY OWNER(s)

Property owners and contract purchasers are required to authorize the filing of this application and must sign below. All signatures represent that they have full legal capacity to and do hereby authorize filing of this application and certify that the information and exhibits herewith submitted are true and correct.

Dayse A. Thackery Signature or Jungs.	ED NAME: Wayne A Thackery Printed Name
Signature	Printed Name
FOR OFF	ICE USE ONLY
Date application determined complete	Application accepted by