

**MASTER PLANNING
APPLICATION FORM**

CITY OF SISTERS
Community Development Department
P.O. Box 39, 520 E. Cascade Avenue
Sisters, OR 97759
Ph: 541-323-5207 Fax: 541- 549-0561



ANNEXTION AGREEMENT REVISION

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> ACCESSORY DWELLINGS | <input type="checkbox"/> MINOR CONDITIONAL USE | <input type="checkbox"/> LOT LINE ADJUSTMENT | <input type="checkbox"/> SUBDIVISION |
| <input type="checkbox"/> ANNEXATION (III/IV) | <input type="checkbox"/> DEVELOPMENT REVIEW | <input type="checkbox"/> MASTER PLAN | <input type="checkbox"/> TIME EXTENSION |
| <input type="checkbox"/> APPEAL | <input type="checkbox"/> FINAL PLAT REVIEW | <input type="checkbox"/> MODIFICATION | <input type="checkbox"/> TEMPORARY USE |
| <input type="checkbox"/> CODE TEXT AMENDMENT | <input type="checkbox"/> HISTORIC LANMARKS COMM. | <input type="checkbox"/> PARTITION | <input type="checkbox"/> TYPE I |
| <input type="checkbox"/> COMP. PLAN AMENDMENT | <input type="checkbox"/> FLOOD PLAIN REVIEW | <input type="checkbox"/> REPLAT | <input type="checkbox"/> VACATION RENTALS |
| <input type="checkbox"/> CODE INTERPRETATION | <input type="checkbox"/> LOT CONSOLIDATION | <input type="checkbox"/> SITE PLAN REVIEW | <input type="checkbox"/> VARIANCE |
| <input type="checkbox"/> CONDITIONAL USE PERMIT | | | <input type="checkbox"/> ZONE CHANGE |

APPLICANT: **McKenzie Meadow Village, LLC**

PHONE:

ADDRESS OF APPLICANT: **PO Box 218 / Sisters, OR 97759**

PROPERTY OWNER: **Same**

PHONE: **Same**

ADDRESS OF PROPERTY OWNER: **Same**

PROPERTY ADDRESS: **Unassigned**

TAX LOT NUMBER: **T15 R10 Section** Tax lot(s) **151005CB05500 & pt 1510050001203**

PROPERTY SIZE (ACRES OR SQUARE FEET): **30 acres**

EXISTING ZONING OF PROPERTY: **MFR / PF / OS**

COMPREHENSIVE PLAN DESIGNATION OF PROPERTY: **MFR / PF / OS**

DESCRIBE PROJECT OR REASON FOR THIS REQUEST: **Amendment to Annexation Agreement to facilitate development**

***The applicant will be the primary contact for all correspondence and contact from the City unless other arrangements are made in writing.**

[Signature]
 Signature of Applicant

WILLIAM WILLETTS
 Printed Name

4/21/17
 Date

[Signature]
 Signature of Property Owner

WILLIAM WILLETTS MANAGER
 Printed Name

4/26/17
 Date

PLEASE DO NOT WRITE BELOW THIS LINE — FOR OFFICE USE ONLY

DATE RECEIVED **04/21/17**

FILE NO. **A 17-01**

CHECK NO. **#362**

CASH _____

AMOUNT PAID **\$1,100**

RECEIPT NO. _____

CHECKED BY: **PTD**

McKENZIE MEADOW VILLAGE LLC

PO Box 218

Sisters, OR 97759-0218

541-549-7333

US Bank

24-22/1230

362

4/11/2017

PAY TO THE
ORDER OF City of Sisters

\$ **1,100.00

One Thousand One Hundred and 00/100*****

DOLLARS

City of Sisters
PO Box 39
Sisters, OR 97759

Memo

City fees - annexation (600) / hearing fee (500)

Paige Johnson

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Security features included. Details on back.