



FLOODPLAIN PERMIT APPLICATION – HOOD RIVER COUNTY

**601 State Street
Hood River, OR 97031
Plan.Dept@co.hood-river.or.us
(541) 387-6840 ~ hrccd.co.hood-river.or.us/**

Application No. _____

I hereby certify that this information is correct to the best of my knowledge, signed: _____

APPLICANTS INFORMATION

Name: _____
Address: _____

Phone: _____
Email: _____

ORIGINAL PARCEL INFORMATION

Parcel Address: _____

Township: _____
Range: _____
Section: _____
Tax Lot: _____
Acreage: _____
Zone: _____
Water Source: _____
Sewer: _____
Access: _____

IF APPLICANT IS OTHER THAN OWNER

Name: _____
Address: _____

Phone: _____
Signature, if not partitioner: _____

Email: _____

Describe project in detail, address the criteria in Article 44, and submit a completed site plan. Attach additional sheets as needed.

(FOR OFFICE USE ONLY)

Tentative Approval: _____

Application Fee: _____
Collected By: _____
Date: _____