



City of Mt. Angel

P.O. Box 960 / 5 N. Garfield Street, Mt. Angel, OR 97362

Phone (503) 845-9291 Fax (503) 845-6261

Development Advisory Review Pre-application

Name of Developer: _____ (circle one) Agent / Owner / Tenant

Mailing Address: _____ City: _____ Zip Code: _____

Phone: _____ Email address: _____

Property Owner's Name (if different from above): _____

Mailing Address: _____ City: _____ Zip Code: _____

Phone: _____ Email address: _____

Consultants Name: _____

Mailing Address: _____ City: _____ Zip Code: _____

Phone: _____ Email address: _____

Consultants Name: _____

Mailing Address: _____ City: _____ Zip Code: _____

Phone: _____ Email address: _____

Location of proposed development: _____
(physical address or map tax lot #)

Description of proposed development: _____

Zone of principle property: _____

Zoning of surrounding properties: North _____ South _____ East _____ West _____

Comprehensive Plan Designation: _____

Items submitted for review: Site Plan: _____ Utilities Plans: _____ Topographical Map: _____

Drainage Proposal: _____ Plot Plan: _____

FOR OFFICE USE ONLY Received by: _____ Date: _____