

Planning Fee Assessment Form

| Address: | |
|------------|--|
| Last Name: | |

CITY OF BANDON PLANNING P.O. BOX 67 555 HWY 101 BANDON, OR 97411 P:(541) 347-2437 F:(541)347-1415

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|------|------|-----|-------|------|--------------|
| | CCIN | 101 | 11600 | 361 | ,,,,, |

| APPLICATION TYPE | DEPOSIT OR BASE FEE | FEE ASSESSED |
|---|---------------------------------|--------------|
| General | | |
| □ Records Request | Hourly Rate + Cost of materials | |
| ☐ Research Request (greater than 5 minutes) | Hourly Rate + Cost of materials | |
| □ Pre-Application Meeting | \$250 | |
| ☐ GIS Maps | \$25 | |
| □ Public Hearing Notices and Publication | Actual Cost | |
| Third Party Review (Engineering, geotechnical or soils report, etc.) | Actual Cost | |
| □ Permit Extension (Administrative Approval) | \$200 | |
| □ Permit Extension (Planning Commission Approval) | Actual Coast | |
| □ Re-Submittal Review Fee | 30% of original application fee | |
| □ Re-inspection Fee | \$50 | |
| ☐ Missed Inspection Fee | \$250 | |
| ☐ After-the-fact Permit | \$500 | |
| □ Outside City Water Service Request | \$95 | |
| □ Vacation* | \$500 | |
| ☐ Street Opening* | \$500 | |
| □ LUCS/No Permit Needed Review | \$95 | |
| □ New or Change of Address | \$47 | |
| □ Code Interpretation | \$200 | |
| □ Public Works Permit | \$121 | |
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| Engineering Review | | |
| ☐ Single-Family and Duplex Residential | \$960 | |
| ☐ Commercial/Industrial/Single-Family Tract/Multi- Family (less than one acre) | \$1,600 | |
| ☐ Commercial/Industrial/Single-Family Tract/Multi- Family (one to three acres) | \$2,560 | |
| Commercial/Industrial/Single-Family Tract/Multi- Family (more than three acres) | \$2,560 | |
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| TYPE I | | |
| Residential Zoning Compliance Review | | |
| ☐ Temporary Structure + Other Type I Review | \$50 | |
| ☐ Minor Decision -Type I | \$200 | |
| □ Residential Structure Under 1500 square feet | \$500 | |
| ☐ Residential Structure 1501 - 2500 square feet | \$750 | |
| ☐ Residential Structure 2501 - 3499 | \$1,250 | |
| ☐ Residential Structure 3500 square feet and up | \$2,500 | |
| | | |
| Commercial Zoning Compliance Review | | |
| ☐ Temporary Structure + Other Type I Review | \$75 | |
| ☐ Accessory Structure/Remodel Under 200 square feet | \$300 | |
| Accessory Structure/Remodel Over 200 square feetor new connections | \$500 | |
| ☐ Commercial Structure Up to 3500 square feet | \$2,000 | |

| ☐ Commercial Structure 3501 – 10,000 square feet | \$2,500 | | | |
|--|---|--|--|--|
| ☐ Commercial Structure 10,001 or more | \$3,000 | | | |
| ☐ Home Occupation Permit | \$300 | | | |
| ☐ Mobile Food Unit Type I | \$125 | | | |
| ☐ Mobile Food Unit Type II | Actual Cost (\$500 Base Fee) | | | |
| □ Sign Permit | \$100 | | | |
| ☐ Certificate of Appropriateness | \$100 | | | |
| □ Property Line Adjustment* | \$350 per adjustment | | | |
| ☐ Final Plat Review | Actual Cost | | | |
| TYPE II | | | | |
| Plan Review | | | | |
| □ Residential | Actual Cost (\$500 Base Fee) | | | |
| □ Commercial | Actual Cost (\$1,000 Base Fee) | | | |
| ☐ Subdivision Tentative Plan* | Actual Cost (\$1,600 and \$200/lot Base | | | |
| | Fee) | | | |
| □ Partition* | Actual Cost (\$1,000 and \$100/lot Base | | | |
| | Fee) | | | |
| □ Adjustment | Actual Cost (\$250 Base Fee) | | | |
| ☐ Appeal of a Type II Decision | \$250 | | | |
| TVOT III | | | | |
| TYPE III | 1 1 1 2 1 (10 750 1 1 200) | | | |
| ☐ Planned Unit Development (PUD) | Actual Cost (\$2,750 and \$200/unit Base Fee) | | | |
| □ Variance | Actual Cost (\$500 Base Fee) | | | |
| ☐ Conditional Use Permit* | Actual Cost (\$750 Base Fee) | | | |
| □ RV/Manufactured Dwelling Park | Actual Cost (\$500 and \$100/unit Base Fee) | | | |
| □ Appeals | Actual Cost + \$250 or half of original fee, up to \$1,000 Deposit | | | |
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| TYPE IV | | | | |
| □ Annexation* | \$3,750 | | | |
| ☐ Zoning Code Amendment (text/map)* | \$3,000 | | | |
| □ Comprehensive Plan Amendment* | \$3,500 | | | |
| ☐ Combined Map/Plan Amendment* | \$3,700 | | | |
| * The 2022-2023 FY hourly rate is: \$ 125.00 | | | | |
| Planning Staff Contact: Date Assessed: | | | | |
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| Finance Staff Contact: Date Paid: | | | | |
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| | | | | |
| Passint Number | | | | |
| Receipt Number: | | | | |
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