

Received  
Planning Division  
09/01/2021



**Beaverton**  
O R E G O N

**CITY OF BEAVERTON**

Community Development  
Department  
Planning Division  
12725 SW Millikan Way  
PO Box 4755  
Beaverton, OR. 97076  
Tel: (503) 526-2420  
Fax: (503) 526-2550  
BeavertonOregon.gov

OFFICE USE ONLY

FILE #: \_\_\_\_\_  
FILE NAME: \_\_\_\_\_  
TYPE: \_\_\_\_\_ RECEIVED BY: \_\_\_\_\_  
FEE PAID: \_\_\_\_\_ CHECK/CASH: \_\_\_\_\_  
SUBMITTED: \_\_\_\_\_ LWI DESIG: \_\_\_\_\_  
COMP. PLAN: \_\_\_\_\_ NAC: \_\_\_\_\_

**DESIGN REVIEW TWO AND THREE APPLICATION**

PLEASE SELECT THE SPECIFIC TYPE OF DESIGN REVIEW FROM THE FOLLOWING LIST:

DESIGN REVIEW TWO

DESIGN REVIEW THREE

**APPLICANT:**  Use mailing address for meeting notification.

Check box if Primary Contact

COMPANY: Taylor Morrison  
ADDRESS: 703 Broadway St, Ste 510  
(CITY, STATE, ZIP) Vancouver WA 98660  
PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_ E-MAIL: \_\_\_\_\_  
SIGNATURE: [Signature] CONTACT: Curtis Huson  
(Original Signature Required)

**APPLICANT'S REPRESENTATIVE:**

Check box if Primary Contact

COMPANY: Standridge Inc  
ADDRESS: 703 Broadway St, Ste 610  
(CITY, STATE, ZIP) Vancouver WA 98660  
PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_ E-MAIL: gretz.holms@standridge.com  
SIGNATURE: [Signature] CONTACT: Gretz Holms  
(Original Signature Required)

**PROPERTY OWNER(S):**  Attach separate sheet if needed.

Check box if Primary Contact

COMPANY: Taylor Morrison  
ADDRESS: 703 Broadway St, Ste 510  
(CITY, STATE, ZIP) Vancouver WA 98660  
PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_ E-MAIL: \_\_\_\_\_  
SIGNATURE: [Signature] CONTACT: Curtis Huson

**Note: A land use application must be signed by the property owner(s) or by someone authorized by the property owner(s) to act as an agent on their behalf. If someone is signing as the agent of the property owner(s), that person must submit a written statement signed by the property owner(s), authorizing the person to sign the application.**

**PROPERTY INFORMATION (REQUIRED)**

SITE ADDRESS: Lolick Farms PUD AREA TO BE DEVELOPED (s.f.): \_\_\_\_\_  
ASSESSOR'S MAP & TAX LOT # \_\_\_\_\_ LOT SIZE \_\_\_\_\_ ZONING DISTRICT \_\_\_\_\_  
EXISTING USE OF SITE: Approved PUD  
PROPOSED DEVELOPMENT ACTION: Modify PUD





**Beaverton**  
O R E G O N

**CITY OF BEAVERTON**

Community Development  
Department  
Planning Division  
12725 SW Millikan Way  
PO Box 4755  
Beaverton, OR. 97076  
Tel: (503) 526-2420  
Fax: (503) 526-2550  
[BeavertonOregon.gov](http://BeavertonOregon.gov)

**OFFICE USE ONLY**

FILE #:  
FILE NAME:: \_\_\_\_\_  
TYPE: \_\_\_\_\_ RECEIVED BY: \_\_\_\_\_  
FEE PAID: \_\_\_\_\_ CHECK/CASH: \_\_\_\_\_  
SUBMITTED:: \_\_\_\_\_ LWI DESIG: \_\_\_\_\_  
LAND USE DESIG: \_\_\_\_\_ NAC: \_\_\_\_\_

**CONDITIONAL USE APPLICATION**

PLEASE SELECT THE SPECIFIC TYPE OF CONDITIONAL USE FROM THE FOLLOWING LIST:

- TYPE 2 MINOR MODIFICATION OF A CONDITIONAL USE
- TYPE 3 PLANNED UNIT DEVELOPMENT **MOD**
- TYPE 3 MAJOR MODIFICATION OF A CONDITIONAL USE
- TYPE 3 NEW CONDITIONAL USE


**APPLICANT:**  Use mailing address for meeting notification.  Check box if Primary Contact

COMPANY: Taylor Morrison

ADDRESS: 703 Broadway St, Ste 510

(CITY, STATE, ZIP) Vancouver WA 98660

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

SIGNATURE:  CONTACT: Curtis Huson

(Original Signature Required)

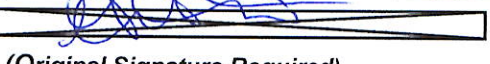
**APPLICANT'S REPRESENTATIVE:**  Check box if Primary Contact

COMPANY: Standridge Inc

ADDRESS: 703 Broadway St, Ste 510

(CITY, STATE, ZIP) Vancouver WA 98660

PHONE: 360 771 5745 FAX: \_\_\_\_\_ E-MAIL: greta.holmstrom@standridgeinc.com

SIGNATURE:  CONTACT: Greta Holmstrom

(Original Signature Required)

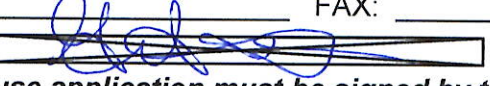
**PROPERTY OWNER(S):**  Attach separate sheet if needed.  Check box if Primary Contact

COMPANY: Taylor Morrison

ADDRESS: 703 Broadway St, Ste 510

(CITY, STATE, ZIP) Vancouver WA 98660

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

SIGNATURE:  CONTACT: Curtis Huson

**Note: A land use application must be signed by the property owner(s) or by someone authorized by the property owner(s) to act as an agent on their behalf. If someone is signing as the agent of the property owner(s), that person must submit a written statement signed by the property owner(s), authorizing the person to sign the application.**

**PROPERTY INFORMATION (REQUIRED)**

SITE ADDRESS: Lolich Farms PUD AREA TO BE DEVELOPED (s.f.): \_\_\_\_\_

ASSESSOR'S MAP & TAX LOT # \_\_\_\_\_ LOT SIZE \_\_\_\_\_ ZONING DISTRICT \_\_\_\_\_ EXISTING USE OF SITE: \_\_\_\_\_

PROPOSED DEVELOPMENT ACTION: modify PUD

PRE-APPLICATION DATE: \_\_\_\_\_





**Beaverton**  
O R E G O N

**CITY OF BEAVERTON**

Community Development  
Department  
Planning Division  
12725 SW Millikan Way  
PO Box 4755  
Beaverton, OR. 97076  
Tel: (503) 526-2420  
Fax: (503) 526-2550  
[BeavertonOregon.gov](http://BeavertonOregon.gov)

**OFFICE USE ONLY**


FILE #:  
FILE NAME:: \_\_\_\_\_  
TYPE: \_\_\_\_\_ RECEIVED BY: \_\_\_\_\_  
FEE PAID: \_\_\_\_\_ CHECK/CASH: \_\_\_\_\_  
SUBMITTED:: \_\_\_\_\_ LWI DESIG: \_\_\_\_\_  
LAND USE DESIG: \_\_\_\_\_ NAC: \_\_\_\_\_

**LAND DIVISION APPLICATION**

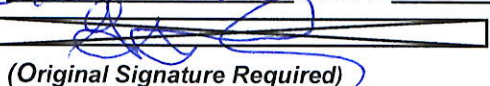
PLEASE SELECT THE SPECIFIC TYPE OF CONDITIONAL USE FROM THE FOLLOWING LIST:

- TYPE 1 FINAL LAND DIVISION
- TYPE 2 PRELIMINARY PARTITION
- TYPE 2 PRELIMINARY SUBDIVISION
- REPLAT TYPE 2
- TYPE 2 PRELIMINARY FEE OWNERSHIP PARTITION
- TYPE 2 PRELIMINARY FEE OWNERSHIP SUBDIVISION


**APPLICANT:**  Use mailing address for meeting notification.  Check box if Primary Contact

COMPANY: Taylor Morrison  
ADDRESS: 703 Broadway St, Ste 510  
(CITY, STATE, ZIP) Vancouver WA 98660  
PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_ E-MAIL: \_\_\_\_\_  
SIGNATURE:  CONTACT: Curtis Huson  
(Original Signature Required)

**APPLICANT'S REPRESENTATIVE:**  Check box if Primary Contact

COMPANY: Standridge Inc  
ADDRESS: 703 Broadway St, Ste 610  
(CITY, STATE, ZIP) Vancouver WA 98660  
PHONE: 360-721-5145 FAX: \_\_\_\_\_ E-MAIL: greta.holmstrom@standridgeinc.com  
SIGNATURE:  CONTACT: Greta Holmstrom  
(Original Signature Required)

**PROPERTY OWNER(S):**  Attach separate sheet if needed.  Check box if Primary Contact

COMPANY: Taylor Morrison  
ADDRESS: 703 Broadway St, Ste 510  
(CITY, STATE, ZIP) Vancouver WA 98660  
PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_ E-MAIL: \_\_\_\_\_  
SIGNATURE:  CONTACT: Curtis Huson

Note: A land use application must be signed by the property owner(s) or by someone authorized by the property owner(s) to act as an agent on their behalf. If someone is signing as the agent of the property owner(s), that person must submit a written statement signed by the property owner(s), authorizing the person to sign the application.

**PROPERTY INFORMATION (REQUIRED)**

SITE ADDRESS: \_\_\_\_\_ AREA TO BE DEVELOPED (s.f.): \_\_\_\_\_  
ASSESSOR'S MAP & TAX LOT # LOT SIZE ZONING DISTRICT EXISTING USE OF SITE: Approved PUD  
PROPOSED DEVELOPMENT ACTION: modify PUD  
PRE-APPLICATION DATE: \_\_\_\_\_