

Received
Planning Division
10/04/2023

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: _____
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 MAJOR MODIFICATION OF A CONDITIONAL USE
- TYPE 3 PLANNED UNIT DEVELOPMENT
- TYPE 3 NEW CONDITIONAL USE
- INTERIM WASHINGTON COUNTY USE TYPE 1
- NONCONFORMING USE
- INTERIM WASHINGTON COUNTY USE TYPE 2

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

COMPANY: Washington County

ADDRESS: 169 N. First Ave.

(CITY, STATE, ZIP) Hillsboro, OR 97124

PHONE: (503) 846 6775 FAX: _____ E-MAIL: stuart_spafford@washingtoncountygov

SIGNATURE: CONTACT: Stuart Spafford
(Original Signature Required)

APPLICANT'S REPRESENTATIVE: Check box if Primary Contact

COMPANY: Holst Architecture

ADDRESS: 123 NE 3rd Ave

(CITY, STATE, ZIP) Portland, OR 97232

PHONE: (503) 233 9856 FAX: _____ E-MAIL: svaz@holstarc.com

SIGNATURE: CONTACT: Sarah Vaz
(Original Signature Required)

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

COMPANY: Washington County

ADDRESS: 155 N. First Ave.

(CITY, STATE, ZIP) Hillsboro, OR 97124

PHONE: (503) 846 - 6775 FAX: _____ E-MAIL: stuart_spafford@washingtoncountygov

SIGNATURE: CONTACT: Stuart Spafford

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: 17911 NE Evergreen Pl, Beaverton [OR](#)

ASSESSOR'S MAP & TAX LOT #	LOT SIZE	ZONING DISTRICT
<u>1N130CD00203</u>	<u>2 acres</u>	<u>CS - Comr OR</u>

PRE-APPLICATION DATE: November 23, 2022

AREA TO BE DEVELOPED (s.f.): 55,949 SF

EXISTING USE OF SITE: Office

PROPOSED DEVELOPMENT ACTION: _____

Change of Use to Residential Care Facility

When opening links (highlighted in blue), right click on the link and open in a new window. You may lose your work if you click directly on the link.

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COMPANY: Holst Architecture

ADDRESS: 123 NE 3rd Ave

(CITY, STATE, ZIP) Portland, OR 97232

PHONE: (503) 233 9856 FAX: _____ E-MAIL: svaz@holstarc.com

SIGNATURE:

CONTACT: Sarah Vaz

(Original Signature Required)

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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: Washington County

ADDRESS: 169 N. First Ave.

(CITY, STATE, ZIP) Hillsboro, OR 97124

PHONE: (503) 846 6775 FAX: _____ E-MAIL: Stuart.Spafford@washingtoncount

SIGNATURE: CONTACT: Stuart Spafford

APPLICANT'S REPRESENTATIVE:

Check box if Primary Contact

COMPANY: Holst Architecture

ADDRESS: 123 NE 3rd Ave, Suite 310

(CITY, STATE, ZIP) Portland, OR 97232

PHONE: (503) 233 9856 FAX: _____ E-MAIL: svaz@holstarc.com

SIGNATURE: _____ CONTACT: Sarah Vaz

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

Check box if Primary Contact

COMPANY: Washington County

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TREE PLAN APPLICATION

PLEASE SELECT THE SPECIFIC TYPE OF TREE PLAN FROM THE FOLLOWING LIST:

- TYPE 1 TREE PLAN ONE
- TYPE 2 TREE PLAN TWO
- TYPE 3 TREE PLAN THREE
- TYPE 1 COMMERCIAL TIMBER HARVEST

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

COMPANY: _____
ADDRESS: _____
(CITY, STATE, ZIP) _____
PHONE: _____ FAX: _____ E-MAIL: _____
SIGNATURE: _____ CONTACT: _____
(Original Signature Required)

APPLICANT'S REPRESENTATIVE: Check box if Primary Contact

COMPANY: _____
ADDRESS: _____
(CITY, STATE, ZIP) _____
PHONE: _____ FAX: _____ E-MAIL: _____
SIGNATURE: _____ CONTACT: _____
(Original Signature Required)

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

COMPANY: _____
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(CITY, STATE, ZIP) _____
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PROPERTY INFORMATION (REQUIRED)

SITE ADDRESS: _____
ASSESSOR'S MAP & TAX LOT # LOT SIZE ZONING DISTRICT

AREA TO BE DEVELOPED (s.f.): _____
EXISTING USE OF SITE: _____

PROPOSED DEVELOPMENT ACTION: _____

PRE-APPLICATION DATE: _____