

FISH PROPAGATION PLANNING APPROVAL

1. Licensee_____ Phone_____

BusinessName_____

Address_____

City/State/Zip_____

Propagation License Number_____

Signature of Licensee_____ Date_____

2. Location of Project:

Stream Name_____

Watershed (Major Drainage)_____

County_____

T_____R_____Sec_____Tax Lot_____

3. City/County Planning Department Affidavit **(to be completed by a local planning official)**.

_____ This project is not regulated by the local comprehensive plan and zoning ordinance.	
_____ This project has been reviewed and is consistent with the local comprehensive plan and zoning ordinance.	
_____ This project has been reviewed and is not consistent with the local comprehensive plan and zoning ordinance.	
_____ Consistency of this project with the local planning ordinance cannot be determined until the following local approvals are obtained:	
_____ Conditional Use Permit	_____ Development Permit
_____ Plan Amendment	_____ Zone Change
_____ Other	
An application _____ has _____ has not been made for local approvals checked above.	
_____	_____
Signature	Title

Date	

For further information, please contact:

Guy Chilton
Salem (503) 947-6249