



# Wetland Land Use Notification

OREGON DEPARTMENT OF STATE LANDS

775 Summer Street NE, Suite 100, Salem, OR 97301-1279

Phone: (503) 986-5200

This form is to be completed by planning department staff for mapped wetlands and waterways.

\* Required Field (?) Tool Tips

## Responsible Jurisdiction

\*  City of  County of **Municipality\*** Coos **Date\*** 4/14/2022

## Staff Contact

**First Name\*** Michelle **Last Name\*** Berglund  
**Phone\*** 541-396-7770 **Email\*** planning@co.coos.or.us

## Applicant

**First Name\*** Magdalena **Last Name\*** Knight

### Applicant Organization Name

(if applicable)

### Mailing Address\*

Street Address

659 E 15th Pl

Address Line 2

City

Coquille

Postal / Zip Code

97423

State

OR

Country

United States

**Phone** 541-297-6940 **Email (?)** magsknight@live.com

**Is the Property Owner name and address the same as the Applicant?\***

No  Yes

## Property Owner

**First Name\*** Huie **Last Name\*** Knight

### Property Owner Organization Name

(if applicable)

### Mailing Address (If different than Applicant Address)

Street Address

99338 Lone Pine

Address Line 2

City

Myrtle Point

Postal / Zip Code

97458

State

OR

Country

United States

**Phone**

541-572-3605

**Email (?)**

### Activity Location



**Township \*** (?)

27S

**Range \*** (?)

11W

**Section \*** (?)

32

**Quarter-quarter Section** (?)

**Tax Lot(s) \***

1400

You can enter multiple tax lot numbers within this field. i.e. 100, 200, 300, etc.

To add additional tax map and lot information, please click the "add" button below.

### Address

Street Address

99338 Lone Pine

Address Line 2

City

Postal / Zip Code

State

Country

**County \***

Coos

**Adjacent Waterbody**

### Proposed Activity



Prior to submitting, please ensure proposed activity will involve physical alterations to the land and/or new construction or expansion of footprint of existing structures.

**Local Case File # \*** (?)

ACU-22-014

**Zoning**

RR5

#### Proposed

Building Permit (new structures)

Grading Permit

Site Plan Approval

Other (please describe)

Conditional use Permit

Planned Unit Development

Subdivision

**Applicant's Project Description and Planner's Comments: \***

Medical Hardship

**Required attachments with site marked: Tax map and legible, scaled site plan map. (?)**

ACU-22-014 Knight.pdf

16.16MB

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**Additional Attachments**

**WN\_**

WN2022-0379

**Site ID**

139033

**JC UserName**

DOMAIN\_DSL1\cstevenson

**WLUN Result**

SUCCESS

**Date**

4/14/2022