



WASHINGTON COUNTY

Dept. of Land Use & Transportation
Planning and Development Services
Current Planning
155 N. 1st Avenue, #350-13
Hillsboro, OR 97124
Ph. 503-846-8761 Fax 503-846-2908

SERVICE PROVIDERS IN WASHINGTON COUNTY FOR MIDDLE HOUSING DEVELOPMENTS

Fire Districts

Tualatin Valley Fire & Rescue

503-649-8577

<http://www.tvfr.com>

Hillsboro Fire & Rescue

503-681-6166

240 S. 1st Avenue

Hillsboro, OR 97123

TVF&R South Operating Center

8445 SW Elligsen Road

Wilsonville, OR 97070-9641

Water Districts

Tualatin Valley Water District

503-848-3000

1850 SW 170th Avenue

Beaverton, OR 97006

Raleigh Water District

503-292-4894

mail: PO Box 337

Beaverton, OR 97075

5010 SW Scholls Ferry Road

Portland, OR 97225

Rivergrove Water District

503-635-6041

17661 Pilkington Road

Lake Oswego, OR 97035-5360

West Slope Water District

503-292-2777

mail: PO Box 25140

Portland, OR 97298

3105 SW 89th Avenue

Portland, OR 97225

Tigard Water District

503-479-5567

mail: PO Box 230281

Portland, OR 97281-0281

8777 SW Burnham

Tigard, OR 97223

State Highway

ODOT – District 2B

phone: 971-673-6200

fax: 503-653-5655

9200 SE Lawnfield Road

Clackamas, OR 97015

ODOT - Region 1

phone: 503-731-8200

fax: 503-731-8259

123 NW Flanders Street

Portland, OR 97209-4037



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SERVICE PROVIDERS IN WASHINGTON COUNTY FOR MIDDLE HOUSING DEVELOPMENTS

School Districts

Beaverton School District #48

503-356-4500
16550 SW Merlo Road
Beaverton, OR 97075-0200

Hillsboro School District

503-844-1500
3083 NE 49th Place
Hillsboro, OR 97124

Portland School District

503-916-2000
501 N Dixon Street
Portland, OR 97227

Sherwood School District #88J

503-825-2000
23295 SW Main St.
Sherwood, OR 97140

Tigard School District #23J

503-431-4000
6960 SW Sandburg St.
Tigard, OR 97223

Sewer & Water Quality

Clean Water Services

503-681-3600
2550 SW Hillsboro Hwy
Hillsboro, OR 97123-9379

Law Enforcement

Washington County Sheriff

503-846-2700
215 SW Adams
Hillsboro, OR 97124

Solid Waste & Recycling Services

Washington County Department of Health and Human Services

Phone: 503-846-3605
Fax: 503-846-4490
155 N. 1st Avenue, MS 5
Hillsboro, OR 97124

Park District

Tualatin Hills Park & Rec. District

Planning & Development
phone: 503-645-6433
Attn: Service Availability
15707 SW Walker Road
Beaverton, OR 97006

Transit

TriMet Project Planning

phone: 503-962-2140
fax: 503-962-2281
1800 SW 1st Ave, Suite 300
Portland, OR 97201



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**Determination of Sufficient Infrastructure to serve a Middle Housing Development Application.
(Service Provider Letter Addendum Information)**

The following service districts are required to ensure Sufficient Infrastructure is available for proposed Middle Housing development:

- WATER DISTRICT: _____
- FIRE DISTRICT: _____
- CLEAN WATER SERVICES (Sanitary Sewer)
- CLEAN WATER SERVICES (Storm Sewer)

“Sufficient Infrastructure” is defined in CDC Section 106-210.

The following minimum level of public services required to serve middle housing triplex, quadplex, townhouse or cottage cluster development:

- A. **Connection to a public sewer system capable of meeting established service levels.**
Proposed or existing connections to a public sanitary sewer system shall be capable of meeting established service levels, or that improvements required by CWS can be provided by the applicant prior to occupancy.
- B. **Connection to a public water system capable of meeting established service levels.**
Proposed or existing connections to a public water system shall be capable of meeting established service levels, or that improvements required by the water district needed to comply (i.e., provide Sufficient Infrastructure) can be provided by the applicant prior to occupancy.
- C. **Access via public or private streets meeting adopted emergency vehicle access standards to a public street system.** *Documentation shall be provided to the Fire Marshal demonstrating that the proposed Middle Housing development has or can provide emergency-standard access to a public street (CDC Section 501-8.1 A. and B.) In accordance with Section 501-8.1 B., no development shall be approved without an adequate level of access to the proposed development in place or assured at the time of occupancy, with "adequate" defined for critical road services pursuant to Section 501-8.1 B. (1) – (9).*
- D. **Storm drainage facilities capable of meeting established service levels.** *Existing and proposed connections to a public storm water system shall be capable of meeting established service levels, or that needed improvements as required by CWS to comply can be provided by the applicant prior to occupancy. Improvements deemed necessary by Clean Water Services for "Sufficient Infrastructure" shall be shown on the site plan. The application must also include a written agreement to complete and obtain inspection approval for these improvements by CWS prior to issuance of the first occupancy permit.*



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Request For Determination of Sufficient Infrastructure to serve a Middle Housing development. (Service Provider Letter)

- WATER DISTRICT: _____
- FIRE DISTRICT: _____
- CLEAN WATER SERVICES (Sanitary Sewer)

PRE-APPLICATION DATE: _____

Service Provider: PLEASE RETURN THIS FORM TO: APPLICANT:

COMPANY: _____

CONTACT: _____

ADDRESS: _____

OWNER(S):

NAME: _____

ADDRESS: _____

PHONE: _____

Property Desc.: Tax Map(s): _____ Lot Number(s): _____

Site Size: _____

Site Address: _____

Nearest cross street (or directions to site): _____

PROPOSED PROJECT NAME: _____

PROPOSED MIDDLE HOUSING DEVELOPMENT: (DEVELOPMENT REVIEW FOR MIDDLE HOUSING, MIDDLE HOUSING EXPEDITED LAND DIVISION)

EXISTING UNITS TO BE RETAINED: _____

PROPOSED NUMBER OF MIDDLE HOUSING UNITS: _____

*******ATTENTION SERVICE PROVIDER*******

PLEASE INDICATE THAT SUFFICIENT INFRASTRUCTURE TO THE SITE CURRENTLY EXISTS OR THAT SUFFICIENT INFRASTRUCTURE CAN BE PROVIDED BY THE APPLICANT PRIOR TO OCCUPANCY.

RETURN THIS COMPLETED FORM TO THE APPLICANT AS LISTED ABOVE.

(Do NOT return this form to Washington County. The applicant will submit the completed form with

INFRASTRUCTURE NEEDED TO SERVE THE PROPOSED MIDDLE HOUSING DEVELOPMENT IS SUFFICIENT OR THE APPLICANT CAN PROVIDE SUFFICIENT INFRASTRUCTURE PRIOR TO OCCUPANCY OF THE FIRST NEW MIDDLE HOUSING UNIT. (Use additional sheets if necessary.)

Please indicate what improvements the applicant needs to provide in order for you to provide service to this project.

SIGNATURE: _____ POSITION: _____ DATE: _____



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Request For Determination of Sufficient Infrastructure to serve a Middle Housing development. (Service Provider Letter)

- WATER DISTRICT: _____
- FIRE DISTRICT: _____
- CLEAN WATER SERVICES (Sanitary Sewer)

PRE-APPLICATION DATE: _____

Service Provider: PLEASE RETURN THIS FORM TO: APPLICANT:

COMPANY: _____

CONTACT: _____

ADDRESS: _____

OWNER(S):

NAME: _____

ADDRESS: _____

PHONE: _____

Property Desc.: Tax Map(s): _____ Lot Number(s): _____

Site Size: _____

Site Address: _____

Nearest cross street (or directions to site): _____

PROPOSED PROJECT NAME: _____

PROPOSED MIDDLE HOUSING DEVELOPMENT: (DEVELOPMENT REVIEW FOR MIDDLE HOUSING, MIDDLE HOUSING EXPEDITED LAND DIVISION)

EXISTING UNITS TO BE RETAINED: _____

PROPOSED NUMBER OF MIDDLE HOUSING UNITS: _____

*******ATTENTION SERVICE PROVIDER*******

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INFRASTRUCTURE NEEDED TO SERVE THE PROPOSED MIDDLE HOUSING DEVELOPMENT IS SUFFICIENT OR THE APPLICANT CAN PROVIDE SUFFICIENT INFRASTRUCTURE PRIOR TO OCCUPANCY OF THE FIRST NEW MIDDLE HOUSING UNIT. (Use additional sheets if necessary.)

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SIGNATURE: _____ POSITION: _____ DATE: _____



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Request For Determination of Sufficient Infrastructure to serve a Middle Housing development. (Service Provider Letter)

- WATER DISTRICT: _____
- FIRE DISTRICT: _____
- CLEAN WATER SERVICES (Sanitary Sewer)

PRE-APPLICATION DATE: _____

Service Provider: PLEASE RETURN THIS FORM TO: APPLICANT:

COMPANY: _____

CONTACT: _____

ADDRESS: _____

OWNER(S):

NAME: _____

ADDRESS: _____

PHONE: _____

Property Desc.: Tax Map(s): _____ Lot Number(s): _____

Site Size: _____

Site Address: _____

Nearest cross street (or directions to site): _____

PROPOSED PROJECT NAME: _____

PROPOSED MIDDLE HOUSING DEVELOPMENT: (DEVELOPMENT REVIEW FOR MIDDLE HOUSING, MIDDLE HOUSING EXPEDITED LAND DIVISION)

EXISTING UNITS TO BE RETAINED: _____

PROPOSED NUMBER OF MIDDLE HOUSING UNITS: _____

*******ATTENTION SERVICE PROVIDER*******

PLEASE INDICATE THAT SUFFICIENT INFRASTRUCTURE TO THE SITE CURRENTLY EXISTS OR THAT SUFFICIENT INFRASTRUCTURE CAN BE PROVIDED BY THE APPLICANT PRIOR TO OCCUPANCY.

RETURN THIS COMPLETED FORM TO THE APPLICANT AS LISTED ABOVE.

(Do NOT return this form to Washington County. The applicant will submit the completed form with

INFRASTRUCTURE NEEDED TO SERVE THE PROPOSED MIDDLE HOUSING DEVELOPMENT IS SUFFICIENT OR THE APPLICANT CAN PROVIDE SUFFICIENT INFRASTRUCTURE PRIOR TO OCCUPANCY OF THE FIRST NEW MIDDLE HOUSING UNIT. (Use additional sheets if necessary.)

Please indicate what improvements the applicant needs to provide in order for you to provide service to this project.

SIGNATURE: _____ POSITION: _____ DATE: _____



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**Request For Determination of
Sufficient Infrastructure for Surface
Water Management to Serve a Middle
Housing Development (Clean Water
Services)**

CWS (Clean Water Services)
2550 SW Hillsboro Hwy
Hillsboro, OR 97123-9379
503-681-3600

PRE-APPLICATION DATE: _____

**Service Provider: PLEASE RETURN THIS FORM TO:
APPLICANT:**

COMPANY: _____

CONTACT: _____

ADDRESS: _____

OWNER(S):

NAME: _____

ADDRESS: _____

PHONE: _____

Property Desc.: Tax Map(s): _____ Lot Number(s): _____

Site Size: _____

Site Address: _____

Nearest cross street (or directions to site): _____

PROPOSED PROJECT NAME: _____

PROPOSED MIDDLE HOUSING DEVELOPMENT (DEVELOPMENT REVIEW FOR MIDDLE HOUSING, MIDDLE HOUSING EXPEDITED LAND DIVISION: _____

EXISTING UNITS TO BE RETAINED: _____

NUMBER OF MIDDLE HOUSING UNITS: _____

*******ATTENTION SERVICE PROVIDER*******

PLEASE INDICATE THAT SUFFICIENT EXISTING STORM DRAINAGE INFRASTRUCTURE TO THE SITE CAPABLE OF MEETING ESTABLISHED DISTRICT SERVICE LEVELS CURRENTLY EXISTS OR THAT SUFFICIENT INFRASTRUCTURE CAN BE PROVIDED BY THE APPLICANT PRIOR TO OCCUPANCY.

RETURN THIS COMPLETED FORM TO THE APPLICANT AS LISTED ABOVE.

(Do NOT return this form to Washington County. The applicant will submit the completed form with their Land

ATTACH THE FOLLOWING INFORMATION TO THIS APPLICATION:

1. Topographical map (minimum scale 1"= 200', contour interval no closer than 5 feet)
2. Development layout (streets, lots, parking areas, building configuration, pathways, creeks, wetland, landscape areas)
3. Vicinity map (minimum scale 1" – ¼ mile)

TO BE COMPLETED BY GOVERNING JURISDICTION. DEVELOPMENT ACTION SUBMITTAL MUST CONSIDER:

Water Quality Facility required Y N
Hydraulic and hydrological analysis required Y N

Water Quantity Facility required Y N
Vegetated corridor required Y N

COMMENTS/EXPLANATION:

SIGNATURE: _____ POSITION: _____ DATE: _____



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**Request For Statement Of Service
 Availability For Sheriff / Police Services to
 Serve a Middle Housing Development
 (Service Provider Letter)**

WASHINGTON COUNTY SHERIFF

**Service Provider: PLEASE RETURN THIS FORM TO:
 APPLICANT:**

COMPANY: _____
 CONTACT: _____
 ADDRESS: _____

PRE-APPLICATION DATE: _____

OWNER(S):

NAME: _____
 ADDRESS: _____

PHONE: _____

Property Desc.: Tax Map(s): _____ Lot Number(s): _____

Site Size: _____

Site Address: _____

Nearest cross street (or directions to site): _____

PROPOSED PROJECT NAME: _____

PROPOSED MIDDLE HOUSING DEVELOPMENT: (DEVELOPMENT REVIEW FOR MIDDLE HOUSING, MIDDLE HOUSING EXPEDITED LAND DIVISION)

EXISTING UNITS RETAINED: _____

PROPOSED NUMBER OF MIDDLE HOUSING UNITS: _____

******* ATTENTION SERVICE PROVIDER *******

PLEASE INDICATE THE LEVEL OF SERVICE AVAILABLE TO THE SITE (ADEQUATE OR INADEQUATE).

RETURN THIS COMPLETED FORM TO THE APPLICANT AS LISTED ABOVE.

(Do NOT return this form to Washington County. The applicant will submit the completed form with their Land Development Application submittal).

SERVICE LEVEL IS **ADEQUATE** TO SERVE THE PROPOSED PROJECT. (Use additional sheets if necessary.)

Please indicate what improvements, or revisions to the proposal are needed for you to provide adequate service to this project.

SIGNATURE: _____ POSITION: _____ DATE: _____

SERVICE LEVEL IS **INADEQUATE** TO SERVICE THE PROPOSED PROJECT.

If the present or future service level is inadequate, please provide information documenting your inability to provide an adequate level of service. Please also provide information regarding whether the use of alternative means can be employed to provide an adequate service level. Documentation of adequacy and alternatives to provide an adequate service level may include but not be limited to the following:

1. Contracting with private agency;
2. Contracting with other public agency;
3. Impact fees;
4. Any combination of these or other alternatives.

SIGNATURE: _____ POSITION: _____ DATE: _____



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**Request for Statement of Service
 Availability for Schools to Serve a
 Middle Housing Development (Service
 Provider Letter)**

SCHOOL DISTRICT NO.: _____

**Service Provider: PLEASE RETURN THIS FORM TO:
APPLICANT:**

COMPANY: _____
 CONTACT: _____
 ADDRESS: _____

PRE-APPLICATION DATE: _____

OWNER(S):

NAME: _____

ADDRESS: _____

PHONE: _____

Property Desc.: Tax Map(s): _____ Lot Number(s): _____

Site Size: _____

Site Address: _____

Nearest cross street (or directions to site): _____

PROPOSED PROJECT NAME: _____

PROPOSED DEVELOPMENT ACTION: (DEVELOPMENT REVIEW FOR MIDDLE HOUSING, MIDDLE HOUSING EXPEDITED LAND DIVISION)

EXISTING UNITS RETAINED: _____

PROPOSED NUMBER OF MIDDLE HOUSING UNITS: _____

*******ATTENTION SERVICE PROVIDER*******

PLEASE INDICATE THE LEVEL OF SERVICE AVAILABLE TO THE SITE.

RETURN THIS COMPLETED FORM TO THE APPLICANT AS LISTED ABOVE.

(Do NOT return this form to Washington County. The applicant will submit the completed form with their Land Development Application submittal).

SERVICE LEVEL IS ADEQUATE TO SERVE THE PROPOSED PROJECT.

SIGNATURE: _____ POSITION: _____ DATE: _____

FOR SERVICE LEVEL INFORMATION, SEE ATTACHED LETTER. (Per CDC §501-8.2 A)

SIGNATURE: _____ POSITION: _____ DATE: _____

SERVICE LEVEL IS **INADEQUATE** TO SERVE THE PROPOSED PROJECT.

If the present or future service level is inadequate, please provide information documenting your inability to provide an adequate level of service. Additionally, provide information regarding whether the use of alternative means can be employed to provide an adequate service level. Documentation of adequacy and alternatives to provide an adequate service level may include but not be limited to the following:

1. Amount of bonded indebtedness; 2. Use of double shifting; 3. Extended school periods; 4. Bussing to underutilized facilities; 5. Year-around school; 6. Construction of new facilities; 7. Portable Classrooms; 8. Impact Fees; 9. Any combination of these or other alternatives.

SIGNATURE: _____ POSITION: _____ DATE: _____



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**Request For Statement Of Service
 Availability THPRD to Serve a Middle
 Housing Development application
 (Service Provider Letter)**

TUALATIN HILLS PARK & REC. DISTRICT

**Service Provider: PLEASE RETURN THIS FORM TO:
 APPLICANT:**

COMPANY: _____
 CONTACT: _____
 ADDRESS: _____

PRE-APPLICATION DATE: _____

OWNER(S):

NAME: _____
 ADDRESS: _____

PHONE: _____

Property Desc.: Tax Map(s): _____ Lot Number(s): _____

Site Size: _____

Site Address: _____

Nearest cross street (or directions to site): _____

PROPOSED PROJECT NAME: _____

PROPOSED MIDDLE HOUSING DEVELOPMENT: (DEVELOPMENT REVIEW FOR MIDDLE HOUSING, MIDDLE HOUSING EXPEDITED LAND DIVISION)

EXISTING UNITS RETAINED: _____

PROPOSED NUMBER OF MIDDLE HOUSING UNITS: _____

*******ATTENTION SERVICE PROVIDER*******

PLEASE INDICATE THE LEVEL OF SERVICE AVAILABLE TO THE SITE (ADEQUATE OR INADEQUATE).

RETURN THIS COMPLETED FORM TO THE APPLICANT AS LISTED ABOVE.

(Do NOT return this form to Washington County. The applicant will submit the completed form with their Land Development Application submittal).

SERVICE LEVEL IS **ADEQUATE** TO SERVE THE PROPOSED PROJECT. (Use additional sheets if necessary.)
 Please indicate what improvements, or revisions to the proposal are needed for you to provide adequate service to this project.

This project is IN the THPRD.

This project is OUT of the THPRD.

This project IS required to annex into the THPRD service district prior to plat recordation.

This project IS NOT required to annex.

SIGNATURE: _____ POSITION: _____ DATE: _____

SERVICE LEVEL IS **INADEQUATE** TO SERVICE THE PROPOSED PROJECT.

Please indicate why the service level is inadequate.

SIGNATURE: _____ POSITION: _____ DATE: _____



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**Request for Statement of Service
 Availability to Serve a Middle Housing
 Development (Service Provider Letter)**

Washington County Health & Human Services, Solid Waste & Recycling Program

PRE-APPLICATION DATE: _____

**Service Provider: PLEASE RETURN THIS FORM TO:
 APPLICANT:**

COMPANY: _____

CONTACT: _____

ADDRESS: _____

PHONE: _____

OWNER(S):

NAME: _____

ADDRESS: _____

PHONE: _____

Property Desc.: Tax Map(s): _____ Lot Number(s): _____

Site Size: _____

Site Address: _____

Nearest Cross Street (or directions to site): _____

Applicant: Please include with this form to-scale site plans showing dimensional details and the location of the proposed and existing uses and structures on site.

PROPOSED PROJECT NAME: _____

PROPOSED MIDDLE HOUSING DEVELOPMENT: (DEVELOPMENT REVIEW FOR MIDDLE HOUSING, MIDDLE HOUSING EXPEDITED LAND DIVISION): _____

EXISTING USE: _____

NUMBER OF MIDDLE HOUSING UNITS: _____

Washington County Health & Human Services, Solid Waste & Recycling Program Response:

SERVICE LEVEL IS **ADEQUATE** TO SERVE THE PROPOSED PROJECT.

SIGNATURE: _____ POSITION: _____ DATE: _____

SERVICE LEVEL IS **INADEQUATE** TO SERVICE THE PROPOSED PROJECT.

Please indicate why the service level is inadequate, and indicate what improvements or revisions to the proposal are needed for you to provide adequate service to this Middle Housing development. (Use additional sheets if necessary.)

SIGNATURE: _____ POSITION: _____ DATE: _____

Comments: _____



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**Transit Availability Statement
(Applicant to Complete) to Serve a Middle
Housing Development (Service Provider
Letter)**

Please Note: In accordance with a letter dated January 15, 2013, from the Director of TriMet Policy & Planning, this Transit Availability Statement shall serve as a functional replacement to the Service Provider Letter required from TriMet pursuant to Section 501-8.2.A.(1).

Transit information shall be obtained from TriMet's web site. Maps can be found at www.trimet.org (click on "Maps & Schedules" and then "Interactive System Map") or directly at <http://ride.trimet.org/?tool=routes#/>. The interactive map will display any transit routes and stops near the site. **Please print the map and attach it to this form.**

PRE-APPLICATION DATE: _____

***** Applicant: Please complete this form yourself using the links listed at the left. Submit the completed form with your land use application. Please do not send this in prior to application submittal.**

OWNER(S):

NAME: _____

ADDRESS: _____

PHONE: _____

Property Desc.: Tax Map(s): Lot Number(s):

Site Size: _____

Site Address: _____

Nearest cross street (or directions to site): _____

PROPOSED PROJECT NAME: _____

PROPOSED MIDDLE HOUSING DEVELOPMENT: (DEVELOPMENT REVIEW FOR MIDDLE HOUSING, MIDDLE HOUSING EXPEDITED LAND DIVISION)

EXISTING UNITS RETAINED: _____

PROPOSED NUMBER OF MIDDLE HOUSING UNITS: _____

TRANSIT AVAILABILITY/IMPROVEMENTS:

a) Name/number of nearest transit line(s): _____ and stop(s): _____

b) Are any transit stops located within 300 feet of the development site?: _____

c) Please describe improvements proposed, if any, to new or existing transit stops, or proposed improvements to access to existing transit facilities: _____

Please Note: If the development is located within 300 feet of a transit stop and/or any improvements are proposed per c) above, Current Planning Services will forward a copy of the application to TriMet for review upon application acceptance for processing.