



# CURRY COUNTY COMMUNITY DEVELOPMENT

94235 MOORE STREET, SUITE 113  
GOLD BEACH, OREGON 97444

**Becky Crockett**  
**Planning Director**

**Phone (541) 247-3228**  
**FAX (541) 247-4579**

## SERVICE PROVIDER CONFIRMATION FORM

**TO:**

**Name of Service Provider:** \_\_\_\_\_  
(Water, Sewer, Fire, Electric, etc)

The person(s) listed below are applying for the following type of land use approval from the Planning Division: \_\_\_\_\_

In order to process the application we need information from you on whether their proposal meets the requirements of your agency / department. If there are any conditions or restrictions that will be placed on your approval we need to be aware those so that we may include them in our final decision. Please provide the Planning Division any information you feel is relevant to this proposal in the space provided below:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
**Name / Title**  
**Acting on behalf of the above referenced service provider**

\_\_\_\_\_  
**Date**

**TO THE APPLICANT:** In the space below describe your proposal with enough detail that the service provider listed above can make a determination regarding the project – if you need more room attach additional sheets:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Applicant / Owner name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Assessor Map and Taxlot: \_\_\_\_\_

Subject Property Address: \_\_\_\_\_  
\_\_\_\_\_