



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

Activity Location



Township * (?)

22S

Range * (?)

10E

Section * (?)

15

Quarter-quarter Section (?)

DA

Tax Lot(s) *

701, 800

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

51385 Hwy 97

Address Line 2

City

La Pine

Postal / Zip Code

97739

State

OR

Country

United States

County *

Deschutes

Adjacent Waterbody

Long Prairie Slough

Geolocation *

43.667151, -121.506904

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 # * (?)

11SPR-24

Zoning

Traditional Commercial

Describe any Earthwork/Ground Disturbance *

The applicant is proposing to tear down the existing structures on tax lot 701, consolidate tax lot 701 and 800, then construct a new gas station with 12 fuel pumps and a 3,000 sqft convenience store, with related site improvements.

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: *

The applicant is proposing to tear down the existing structures on tax lot 701, consolidate tax lot 701 and 800, then construct a new gas station with 12 fuel pumps and a 3,000 sqft convenience store, with related site improvements.

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

11SPR-24 Site Plan.pdf 475.16KB

Additional Attachments

2024.10.31-ApplicationMaterials-11SPR.24.pdf 11.3MB

Applicant

First Name *

David

Last Name *

Reed

Applicant Organization Name

(if applicable)

Wayward Studio

Mailing Address *

Street Address

PO Box 1808

Address Line 2

City

Bandon

Postal / Zip Code

97411

State

OR

Country

United States

Phone (?)

Email (?)

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

No Yes

Property Owner

First Name *

Ron

Last Name *

LaFranchi

Property Owner Organization Name

(if applicable)

Mailing Address (If different than Applicant Address)

Street Address

51385 N Central Blvd

Address Line 2

City

Coquille

Postal / Zip Code

97423

State

OR

Country

United States

Phone (?)

Email (?)

Responsible Jurisdiction



*

City of County of

Municipality*

La Pine

Date*

12/3/2024

Staff Contact

First Name*

Rachel

Last Name*

Vickers

Phone* (?)

541-280-5680

Email*

rvickers@lapineoregon.gov