



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
http://www.co.washington.or.us

**Request For Statement Of Service
Availability (Service Provider Letter)**

PRE-APPLICATION DATE: 9/18/23 with the City of Banks

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

COMPANY: _____
CONTACT: _____
ADDRESS: _____
PHONE: _____

- WATER DISTRICT: Banks Water Department
- FIRE DISTRICT: _____
- CITY OF: _____
- CLEAN WATER SERVICES (Sanitary Sewer)

OWNER(S):

NAME: Max Bondar
ADDRESS: 1905 NW 169th Place, Suite 102
Beaverton, Oregon 97006
PHONE: 503-516-5078

Additionally, you'll need our separate, individual request forms titled:

- ◆ **Clean Water Services (Surface Water Mgmt.)**
- ◆ **Tri-Met**
- ◆ **School**
- ◆ **Sheriff / Police**
- ◆ **Tualatin Hills Park & Recreation District**

Property Desc.: Tax Map(s): 2N436 Lot Number(s): 600
2N331BC 5200

Site Size: 19.31 acres

Site Address: 42580 NW Cedar Canyon Rd, Banks OR 97106
Nearest cross street (or directions to site): _____

PROPOSED PROJECT NAME: West Banks

PROPOSED DEVELOPMENT ACTION: (DEVELOPMENT REVIEW, SUBDIVISION, MINOR PARTITION, SPECIAL USE)

A consolidated planning application including 2 Minor Land partitions, Master Planned Development, Subdivision and Comprehensive Plan and Zone Map amendment

EXISTING USE: Farmland PROPOSED USE: Residential

IF RESIDENTIAL: NO. OF DWELLING UNITS: 142
SINGLE FAM. 142 MULTI-FAM. _____
IF INDUSTRIAL/COMMERCIAL: TYPE OF USE: _____
NO. OF SQ. FT. (GROSS FLOOR AREA) _____
IF INSTITUTIONAL: NO. SQ. FT. _____
NO. STUDENTS/EMPLOYEES/MEMBERS: _____

******* 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: CITY ENGINEER DATE: 10/5/23

- SERVICE LEVEL IS **INADEQUATE** TO SERVICE THE PROPOSED PROJECT.
Please indicate why the service level is inadequate.

SIGNATURE: _____ POSITION: _____ DATE: _____