

250 S. 32nd St.  
Springfield, OR 97478

**APPLICATION FOR WAIVER OF WILLAMALANE PARK AND RECREATION  
DISTRICT SYSTEM DEVELOPMENT CHARGES (SDC) FOR  
CERTAIN AFFORDABLE HOUSING**

Applicant Name(s): \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

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

Tax Lot ID: \_\_\_\_\_

Property Owner Name(s): \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

Permit Number (if applicable): \_\_\_\_\_

Project Description: \_\_\_\_\_

Status of Waiver of City's SDCs for Project (choose one):

City Waiver Approved

Application Pending

Did not Apply or N/A (Explain)

**Declaration and Signature**

I certify that all information provided in this application and all information furnished in support of this application is given for the purpose of waiving payment of SDCs and is true and complete to the best of my knowledge and belief, and that I have taken steps to verify the information submitted. I agree to pay the SDCs owed if application is determined ineligible for this program.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date Submitted

**Property Owner Declaration** *(If different than Applicant)*

I am the owner of the real property identified above. I authorize the above Applicant to submit this application for waiver of SDCs and I understand I can be held responsible for payment of SDCs due and owing for the development proposed by Applicant if the application is determined ineligible for the program.

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Property Owner Signature

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Printed Name

*(If jointly owned, all owners must sign – if owned by an entity, must provide proof of authority to bind the entity)*

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Property Owner Signature

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Printed Name

*(If jointly owned, all owners must sign)*

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Property Owner Signature

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Printed Name

*(If jointly owned, all owners must sign)*

FOR ADMINISTRATIVE USE ONLY