

Dark Skies Lighting Plan Review Form

520 E. Cascade Avenue | PO Box 39 - Sisters, Or 97759 | ph. (541) 549-6022 | www.ci.sisters.or.us



Fee: \$0.00

Version: 06.26.2024

Ownership and Applicant Information

Applicant (Primary Point-of-Contact)

Phone

Mailing Address

Email

Owner Name(s)

Phone

Mailing Address

Email

Property Information

T _____ R _____ S _____
Property Description

Tax Lot(s)

Residential or Non-Residential Zone

Property Address

Establishment Name

Lighting Fixture Info	Example	Fixture #1	Fixture #2	Fixture #3
Type of Lighting	String lights or Wall-pack light			
Purpose of Lighting	Illuminate sidewalk.			
Height & Installation of Lighting Fixture	10-ft above ground, mounted on the wall			
Brightness (lumens per individual & total)	850 each. 3,400 lumens total.			
Color (i.e., kelvins)	3,000k – neutral			
Downcast & Shielding	Full cut off, 90°			
Controls / Curfews	Timer turns off at 11pm, on at 5am			

Required attachments:

- Light fixture cut sheets from the manufacturers
- Site map showing the location of existing & proposed exterior fixtures.

Owner / Applicant Signature _____

Date _____

City Approval _____

Date _____

For Office Use Only

Date Received: _____ Rec'd by: _____ Date App COMPLETE: _____ Deemed COMPLETE by: _____

File #: _____ Staff Initial: _____ Staff Determination: _____