

**CITY OF MADRAS
COMMUNITY DEVELOPMENT DEPARTMENT**

**COMPREHENSIVE PLAN AND
ZONE MAP AMENDMENT**

OFFICE USE ONLY
FILE # _____
FEE \$ _____
RECEIPT # _____
DATE RECEIVED _____

Legal Description of the Subject Property (if applicable):

Township _____ Range _____ Section _____ Tax Lot _____

Street address of the property (if applicable): _____

I/WE, THE UNDERSIGNED APPLICANT OR AUTHORIZED AGENT, AFFIRM BY MY/OUR SIGNATURE(S) THAT THE INFORMATION CONTAINED IN THE FOREGOING APPLICATION AND ASSOCIATED SUBMISSIONS IS/ARE TRUE AND CORRECT.

APPLICANT:

Printed Name: _____

Signature: _____ Date: _____

Address: _____ Phone: _____

City/State/Zip: _____ Fax: _____

PROPERTY OWNER (if different from Applicant)

Printed Name: _____

Signature: _____ Date: _____

Address: _____ Phone: _____

City/State/Zip: _____ Fax: _____

1. Existing use of site: _____
2. Existing zoning of the subject property: _____
3. Proposed zoning designation of the subject property: _____

4. Zoning designation of surrounding properties:
North: _____
South: _____
West: _____
East: _____

5. Does the proposal conform to the applicable state statutes? Yes _____ No _____
If yes, please explain _____

If no, please describe why the proposal does not or will not conform to the State Statutes.

6. Does the proposal conform to the Statewide Planning Goals? Yes _____ No _____
If yes, please the list the applicable Statewide Planning Goals and how the proposal conforms to the goals. _____

If no, please describe why the proposal does not or will not conform to the Statewide Planning Goals.

7. Does the proposal conform to the City of Madras Comprehensive Plan, land use ordinance and policies? Yes _____ No _____
If yes, please explain how the proposal conforms to the City of Madras Comprehensive Plan, land use ordinance and policies _____

If no, please explain why the proposal does not conform to the City of Madras Comprehensive Plan, land use ordinance and Policies. _____

8. That there is a change of circumstances or further studies justifying the amendment or mistake in the original zoning. _____

Return Application To: City of Madras
Community Development Department
71 SE 'D' Street
Madras, Oregon 97741
Phone: 541-475-3388
Fax: 5541-475-3959