

**CITY OF MADRAS
COMMUNITY DEVELOPMENT DEPARTMENT**

MODIFICATION APPLICATION

(Please provide a copy of the approved zoning application and the conditions of approval.)

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

Legal Description of the Subject Property:

Township	Range	Section	Tax Lot
_____	_____	_____	_____

Street address of the property: _____

I/WE, THE UNDERSIGNED OWNER, APPLICANT OR AUTHORIZED AGENT, AFFIRM BY MY/OUR SIGNATURE(S) THAT THE INFORMATION CONTAINED IN THE FOREGOING APPLICATION AND ASSOCIATED SUBMISSIONS IS 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. Please indicate which condition(s) that have been imposed on your zoning application approval that you would like to see modified, and why.

2. Describe how the modification or removal of any condition(s) will not alter the approved application:

Return to: City of Madras
Community Development Department
71 SE 'D' Street
Madras, Oregon 97741

Phone: 541-475-3388
Fax: 541-475-3959