

CITY OF MADRAS TEXT AMENDMENT APPLICATION

Contact Information

Applicant: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip code: _____
Email: _____

Property Owner: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip code: _____
Email: _____

Primary Contact: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip code: _____
Email: _____

Proposal Text Amendment

Below please identify: (1) The specific City Ordinance and section(s) that are proposed to be amended; (2) The proposed text that is to be removed and added to the Ordinance; and (3) Provide a statement about why the amendments are needed?

NOTE: This may not be all of the information required to process and decide this request. Additional information may be required after further review by staff and/or the Hearings Body.

To the best of my knowledge, all statements and information contained in this application and attached exhibits are true and correct. I understand that as determined appropriate by staff and or the Hearings Body, I may need to provide additional information to assist with the processing and decision for this text amendment request. I authorize City of Madras staff and/or Hearings Body to enter the property for inspection of the site in conjunction with this land use application.

Applicant/Owner Signature: _____ Date: _____

OFFICE USE ONLY

Fee Amount: \$ _____

Fee Paid: YES NO

Received by: _____

Date Received: _____

File No. _____