

**CITY OF MADRAS  
COMMUNITY DEVELOPMENT DEPARTMENT**

**MODIFY CONDITIONS  
OF APPROVAL**

(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 have examined all statements and information contained herein, and all attached exhibits, and to the best of my knowledge and belief, they are true and correct. I authorize the City of Madras staff, Hearing's Officers and Planning Commissioners to enter property for inspection of the site in conjunction with this land use application:

**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  
125 SW 'E' Street  
Madras, Oregon 97741

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