



File No. 247-_____

Community Development Department

Planning Division Building Safety Division Environmental Soils Division

P.O. Box 6005 117 NW Lafayette Avenue Bend, Oregon 97708-6005

Phone: (541) 388-6575 Fax: (541) 385-1764

<http://www.deschutes.org/cd>

MODIFICATION OF APPLICATION (DCC 22.20.055)

FEE: _____

EVERY MODIFICATION OF APPLICATION SHALL INCLUDE:

1. A completed application form. To ensure timely processing of your application, all materials must be submitted on single-sided, 8.5" x 11" paper. Do not use binders, tabs/dividers, staples or tape
2. Payment of required modification fees.
3. All new information to be considered in the application. If color exhibits are submitted, black and white copies with captions or shading delineating the color areas shall also be provided.

Applicant's Name (print): _____ Phone: (____) _____

Mailing Address: _____ City/State/Zip: _____

Property Owner's Name (if different)*: _____ Phone: (____) _____

Mailing Address: _____ City/State/Zip: _____

Land Use Application Being Modified: _____

Property Description: Township _____ Range _____ Section _____ Tax Lot _____

THE PLANNING DIRECTOR OR HEARINGS BODY SHALL NOT CONSIDER ANY EVIDENCE SUBMITTED BY OR ON BEHALF OF AN APPLICANT THAT WOULD CONSTITUTE MODIFICATION (AS THAT TERM IS DEFINED IN CHAPTER 22.04) UNLESS AN APPLICANT AGREES IN WRITING TO RESTART THE 150-DAY TIME CLOCK. SIGNATURE OF THE APPLICANT BELOW SIGNIFIES THAT THE APPLICANT AGREES TO RE-START THE 150-DAY TIME CLOCK AS OF THE DATE THE MODIFICATION IS SUBMITTED.

To the best of my knowledge, the proposal complies with all previous conditions of approval and all other applicable local, state, and federal laws. By signing this application, I acknowledge that Deschutes County planning staff may make a site visit(s) to the address(es) listed on this application in order to evaluate the property(ies) with the Deschutes County Code criteria applicable to the land use request(s) submitted. Please describe any special circumstances regarding a potential site visit:

(over)

Quality Services Performed with Pride

Applicant's Signature:_____ Date:_____

Property Owner's Signature (if different)*:_____ Date:_____

Agent's Name (if applicable):_____ Phone: (_____) _____

Mailing Address:_____ City/State/Zip: _____

Agent's Email Address:_____

***If this application is not signed by the property owner, a letter authorizing signature by the applicant must be attached. By signing this application, the applicant understands and agrees that Deschutes County may require a deposit for hearings officers' fees prior to the application being deemed complete. If the application is heard by a hearings officer, the applicant will be responsible for the actual costs of the hearings officer.**