



## 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>

### PLAN/ZONE/TEXT AMENDMENT

<b>ZONE MAP AMENDMENT:</b> _____ <b>FEE:</b> _____	<b>PLAN MAP AMENDMENT:</b> _____ <b>FEE:</b> _____	<b>TEXT AMENDMENT:</b> _____ <b>FEE:</b> _____
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Applicant's Name (print): \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Property Owner's Name (if different): \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Property Description: Township \_\_\_\_\_ Range \_\_\_\_\_ Section \_\_\_\_\_ Tax Lot \_\_\_\_\_

Lot of Record? (state reason): \_\_\_\_\_

Current Zoning: \_\_\_\_\_ Proposed Zoning: \_\_\_\_\_

Current Plan Designation: \_\_\_\_\_ Proposed Designation: \_\_\_\_\_

Applicable State Goals: \_\_\_\_\_ Exception Proposed? \_\_\_\_\_ Yes \_\_\_\_\_ No

Size of Affected Area: \_\_\_\_\_ Acres

#### INSTRUCTIONS FOR COMPLETING THIS APPLICATION:

1. Complete this application form including the appropriate signatures. If color exhibits are submitted, black and white copies with captions or shading delineating the color areas shall also be provided.
2. Include a detailed statement describing the proposal and how it meets all requirements of the appropriate State rules and statutes, and County codes and Comprehensive Plan policies. Text amendment applications must include the proposed language and the basis for the change.
3. If multiple properties are involved in this application, then identify each property on a separate page and follow with the property owners' signatures.
4. Submit the correct application fee.
5. Submit a copy of the current deed(s) for the property(ies).

#### A PRE-APPLICATION APPOINTMENT IS REQUIRED FOR ALL AMENDMENTS

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

Agent's Name (if applicable): \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

**\*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; and if the application is heard by a hearings officer, the applicant will be responsible for the actual costs of the hearings officer.**