

**COMPREHENSIVE PLAN AMENDMENT APPLICATION**  
**POLK COUNTY COMMUNITY DEVELOPMENT DEPARTMENT**  
**PLANNING DIVISION**

---

Checked By: \_\_\_\_\_

Received By: \_\_\_\_\_

Date Submitted: \_\_\_\_\_

Fee Paid: \_\_\_\_\_

PLAN AMENDMENT FEE: WITH EXCEPTION - \$ \_\_\_\_\_

Receipt No: \_\_\_\_\_

W/O EXCEPTION - \$ \_\_\_\_\_

Application No: \_\_\_\_\_

(For Staff Use Only)

---

Please type or print all information below. An incomplete application cannot be accepted.

**APPLICANT**

**OWNER(s)**

Name \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ City \_\_\_\_\_

\_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: Home \_\_\_\_\_ Work \_\_\_\_\_

Phone: Home \_\_\_\_\_ Work \_\_\_\_\_

---

**REQUEST:** (For example, "To amend the comprehensive plan designation from Agricultural to Forest.")

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

---

**PROPERTY:**

Location or Address \_\_\_\_\_ Tax Acct. No. \_\_\_\_\_ Acreage \_\_\_\_\_

Tax lot (s) \_\_\_\_\_ Section (s) \_\_\_\_\_; Township \_\_\_\_\_; Range \_\_\_\_\_

Plan Designation \_\_\_\_\_ Zone \_\_\_\_\_

Previous action(s) involving the subject property (For example, conditional use, variance, etc.)

\_\_\_\_\_

---

**PUBLIC SERVICE AND UTILITIES INFORMATION:**

A. School District \_\_\_\_\_ B. Fire District \_\_\_\_\_

C. Water Service \_\_\_\_\_ (Indicate water district; existing or proposed well.)

D. Sewage Disposal \_\_\_\_\_

The information requested below is required at the time you submit your application. The processing of your application does not begin until the application is determined to be complete. An incomplete application will postpone the decision, or may result in denial of the request.

1. A written statement of intent, attached to this application, with necessary supporting evidence establishing that the proposed Comprehensive Plan designation is the appropriate designation for the subject property based on the following:

- a. The Comprehensive Plan designation for the subject area is erroneous and the proposed plan amendment would correct the error; or
- b. The Comprehensive Plan Designation is no longer appropriate due to changing conditions in the surrounding area; and
- c. The purpose of the Comprehensive Plan will be carried out through approval of the proposed Plan Amendment based on the following:
  - 1. Evidence that the proposal conforms to the intent of relevant goals and policies in the Comprehensive Plan and the purpose and intent of the proposed land use designation.
  - 2. Compliance with Oregon Revised Statutes, statewide planning goals and related administrative rules which apply to the particular property(s) or situations; If an exception to one or more of the goals is necessary, the exception criteria in Oregon Administrative Rules, Chapter 660, Division 4 shall apply; and
  - 3. Compliance with the provisions of any applicable intergovernmental agreement pertaining to urban growth boundaries and urbanizable land.

2. A plot plan of the property on a County Assessor's map. Maps and aerial photos are available from the Community Development Department. Please indicate the following on your plot plan:

- o Boundaries of the proposed amendment area
- o Vicinity map showing subject property
- o Location of all existing and proposed buildings and structures;
- o Surrounding development, i.e., existing buildings, driveway locations and property lines
- o Existing County Road, public right-of-way or other means of legal access
- o 100-year floodplain elevation (if applicable)
- o Vegetation on the property
- o Location of any outstanding physical features

3. Legal description of the property as it appears on the deed (metes and bounds). Deed copies may be obtained at the Polk County Clerk's Office.

4. A current print-out from the Polk County Assessors Office for each tax lot subject to the proposed land use action.

I certify that this application and its related documents are accurate to the best of my knowledge. I understand that the signature on this application authorizes representatives of the Polk County Community Development Department to enter upon the subject property to gather information pertinent to this request.

\_\_\_\_\_  
 \_\_\_\_\_

Signatures of Owners and/or Authorized Agent\*

\* If signed by agent, owner's written authorization must be attached.