

**APPLICATION FOR ZONE CHANGE**  
POLK COUNTY COMMUNITY DEVELOPMENT DEPARTMENT  
PLANNING DIVISION

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Checked By: \_\_\_\_\_  
Received By: \_\_\_\_\_  
Date Submitted: \_\_\_\_\_  
Fee Paid: \_\_\_\_\_ ZONE CHANGE FEE: \$ \_\_\_\_\_  
Receipt No: \_\_\_\_\_  
Application No: \_\_\_\_\_ (For Staff Use Only)

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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 \_\_\_\_\_

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**REQUEST:** (For example, "To change the zoning district from Exclusive Farm Use to Timber Conservation")

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

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**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.)

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

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**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 Plan designation is the appropriate designation for the subject property based on the following:

- a. The proposed zone is appropriate for the comprehensive plan land use designation on the property and is consistent with the purpose and policies for the applicable comprehensive plan land use classification;
- b. The proposal conforms with the purpose statement of the proposed zone;
- c. The uses allowed in the proposed designation will not significantly adversely affect allowed uses on adjacent lands;
- d. Adequate public facilities, services, and transportation networks are in place, or are planned to be provided concurrently with the development of the property;
- e. The proposed change is appropriate taking into consideration the following:
  - 1. Surrounding land uses,
  - 2. The density and pattern of development in the area,
  - 3. Any changes which may have occurred in the vicinity to support the proposed amendment;
- f. The proposal complies with any applicable intergovernmental agreement pertaining to urban growth boundaries and urbanizable land; and
- g. The proposal complies with Oregon Revised Statutes, all applicable statewide planning goals and associated administrative rules. 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.

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 zone change 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 Assessor's 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.