



City of The Dalles
Community Development Dept
313 Court Street
The Dalles, OR 97058
(541) 296-5481, ext. 1125
www.thedalles.org

Application #: _____
Filing Fee: _____
Receipt #: _____
Deemed Complete: _____
Ready to Issue: _____
Date Issued: _____

Received: _____

Comprehensive Plan Amendment & Zoning Ordinance Amendment/Zone Change Application

Applicant

Name: _____
Address: _____

Phone #: _____
Email: _____

Legal Owner (if different than Applicant)

Name: _____
Address: _____

Phone #: _____
Email: _____

Property Information

Address: _____
Zone: _____
City Limits: Yes No
Geohazard Zone: _____

Map and Tax Lot: _____
Overlay: _____
Size of Development: _____
Flood Designation: _____

Project Information

Current Use of Property: _____
Proposed Use of Property: _____
Briefly Explain the Project:

In addition to the requirements of Article 3.010: Application Procedures, this application must be accompanied by the information required in Article 3.100: Zone Changes, contained in Title 10 Land Use and Development of the City of The Dalles Municipal Code.

Justification of Request

1. Explain the justification for the proposed Comprehensive Plan Amendment.
2. Describe how the proposed amendment is compatible with or will further the goals established by the Community for the subject area. *The goals are listed in the Comprehensive Plan.*
3. Describe how the proposed Comprehensive Plan Amendment will further the interests of public health, safety, and general welfare.
4. Describe the effect the proposed amendment would have on surrounding properties.

Signature of Applicant

Signature of Property Owner

Date

Date