



Community Development Department
PO Box 2460 16345 Sixth Street
La Pine, Oregon 97739
Phone: (541) 536-1432 Fax: (541) 536-1462
Email: info@lapineoregon.gov

Text Amendment Application

Development Code Text Amendment Fee \$ _____

Zoning Map Amendment Fee \$ _____

File Number # _____

Applicant Name _____ Phone _____ Fax _____

Address _____ City _____ State _____ Zip Code _____

Email _____

Property Owner _____ Phone _____ Fax _____

Address _____ City _____ State _____ Zip Code _____

Email (optional) _____

ZONE CHANGE DESCRIPTION

Property Location (address, intersection of cross street, general area)



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Assessors Parcel Number T-15, R-13, Section _____ Tax Lot(s) _____
 Present Zoning _____ Total Land Area _____ (Square Ft.) _____ (acres)
 Present Land Use _____
 Proposed Zoning _____ Total Land Area _____ (Square Ft.) _____ (acres)

Attach a statement explaining evidence you plan to present to the Planning Commission to enable them to make a decision (See Attached). Applications will not be accepted without a detailed preliminary site plan drawn to scale. I understand that false statements made on this application may cause subsequent approval to be NULL AND VOID.

FOR OFFICE USE ONLY

Received By: _____
 Amendment Fee Paid: _____
 Receipt #: _____

AMENDMENTS

Authorization to Initiate Amendments. An amendment to the text of these standards, or to a zoning or plan map may be initiated by either City Council or the Planning Commission. A property owner may initiate a request for a map or text amendment by filing an application with the City using the form(s) prescribed.



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Zone/Plan Map Amendments. The City shall, within 45 days after filing of a petition by a property owner for a zone change/plan amendment hold a public hearing in accordance with the provisions of the procedures. Prior to the hearing the City shall refer the proposed amendment to the Planning Commission for their review and a recommendation; the recommendation of the Commission shall be made a part of the record at the hearing.

Justifying the zone change or plan amendment. The burden of proof is upon the applicant to show how the proposed zone change or plan amendment is:

- (1) In conformity with all applicable State statutes
- (2) In conformity with the State-wide planning goals where applicable
- (3) In conformity with the Comprehensive Plan, land use requirements and policies;
- (4) Needed due to a change of circumstances or a mistake in the original zoning .

Tentative Approval. Based on the facts presented at the hearing and the recommendation of the Planning Commission, if the City determines that the applicant has met all applicable criteria for the proposed change, the City shall give tentative approval of the proposed change. Such approval shall include any conditions, stipulations or limitations which the City determines to be necessary to meet the criteria. An appeal of the City's decision shall be effected in the manner provided for in the standards. Upon completion of hearings process, the council shall, by order, effect the zone reclassification of the property. Provided, however, if the applicant fails to abide by the conditions attached to the rezoning the Council may, at a later date, rezone the affected property to its original zoning by order.

Public Hearing on Amendments. If a map change is initiated by the Planning Commission or



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City Council, or if an amendment to the text of these standards is to be considered, the City Council shall hold a public hearing on the proposed change. Notice of the hearing shall be published in a newspaper of general circulation in the City the week prior to the hearing. Before establishing a map change, the Council shall make findings that the proposed change meets the criteria set forth in code. Any change affected under this section shall be by ordinance.

By signing, the undersigned certifies that he/she has read and understood the requirements outlined above, and that he/she understands that omission of any listed item may cause delay in processing this application.

I (We) the undersigned acknowledge that the information supplied in this application is complete and accurate to the best of my (our) knowledge.

Applicant: _____ Date: _____
Signature

Owner/Agent: _____ Date: _____
(Circle One) Signature

If you are the authorized agent, please attach the letter of authorization signed by the owner.

NOTE: This may not be a complete list of information required to process and decide this request, and additional information may be required after further