



**ZONE TEXT AMENDMENT
APPLICATION**
City of Central Point Planning Department

DATE STAMP
FOR OFFICE USE ONLY

APPLICANT INFORMATION:

Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Telephone: Business: _____ Residence: _____
E-mail Address: _____

AGENT INFORMATION:

Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Telephone: Business: _____ Residence: _____
E-mail Address: _____

OWNER OF RECORD: (Attach Separate Sheet If More Than One):

Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Telephone: Business: _____ Residence: _____

PROJECT DESCRIPTION:

Township: _____ Range: _____ Section: _____ Tax Lot(s): _____
NOTE: For large number of parcels, attach additional sheets as needed.
Existing Zoning District: _____
Proposed Use in Zoning District: _____
General Description of proposed zone text amendment (include all code sections):

Describe purpose for proposed Zone Text amendment: _____

NOTE: A pre-application meeting is required for this TYPE IV activity.

Has a pre-application meeting been held? Yes No **Date:** _____

REQUIRED SUBMITTALS:

- Application Form
- Application Fee (See Current Fee Schedule; additional staff resources will be billed as determined)
- Written Authority from Property Owner if Agent in application process
- Legal description of affected properties (if applicable)
- Map showing all properties affected and all properties within a 300-foot radius of exterior boundary (if applicable)
- Findings of fact addressing the criteria listed in CPMC 17.10
- Proposed Zone Text
- Mailing labels as required by Chapter 17.05.500 CPMC

I HEREBY STATE THAT THE FACTS RELATED IN THE ABOVE APPLICATION AND THE PLANS AND DOCUMENTS SUBMITTED HERewith ARE TRUE, CORRECT, AND ACCURATE TO THE BEST OF MY KNOWLEGE.

I certify that I am the: Property Owner or Authorized Agent of Owner of Project Site

Signature: _____ Date: _____

If any wetlands exist on the site, it is the applicant's responsibility to apply for a permit to the Division of State Lands before any site work begins.

FOR PLANNING DEPARTMENT USE ONLY	
Application Accepted As Complete on: _____	Land Use Case File No. _____
120 th Day for Land Use or Limited Land Use Decision: _____	
Wetlands Check: _____	