



**COMP PLAN TEXT/MAP 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 Com Plan District: \_\_\_\_\_  
Proposed Comp Plan District: \_\_\_\_\_  
General Description of proposed amendment to the Comp Plan text (include all code sections) or Comp Plan Map: \_\_\_\_\_

Describe purpose for proposed Comp Plan 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 determine)
- 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 17.96 and 17.10
- Proposed Comp Plan Text or Map (if applicable)
- 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.**

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