



PLANNING DEPARTMENT
PO Box 330 • Phoenix, OR 97535
541-535-2050 • 541-535-5769 fax

Fee: \$3,600.00

**APPLICATION FOR
COMPREHENSIVE PLAN AMENDMENT OR UGB AMENDMENT**

I. PROPERTY INFORMATION:

A. LOCATION (address): _____

B. ASSESSOR'S ID:
Township _____ Range _____ Section: _____ Tax Lot: _____

C. Size of Parcel: _____

E. Describe adjacent land uses (i.e. single family, restaurant, auto repair, etc.):

North: _____ East: _____

South: _____ West: _____

II. DESCRIPTION OF UGB OR COMPREHENSIVE PLAN AMENDMENT

A. Current City or County Designation: _____

B: Proposed City of Phoenix Designation: _____

III. SUBMITTAL REQUIREMENTS:

Submit one of each of the following Submittal Requirements for review by the City Planner. Once this "Application Package" is deemed complete, submit 20 additional "Application Packages" (excluding items 3 & 6) to the Planning Department.

1. Legal description of subject property.
2. Copy of assessor's maps showing the location of property subject to the amendments, a copy of an 8 ½ x11 reduction of the map, and a copy of an 8 ½x11 clear transparency of the map.
3. Copy of the City of Phoenix's Comprehensive Plan Map showing the location of the properties subject to the amendments.
4. One (1) set of 8 ½ x 11 reductions of all exhibits.

5. Two (2) sets of mailing labels for all property owners of record as specified in Chapter 4.1.6 – Type IV Procedure (Legislative), Section D (Notice of Hearing). The records of the Jackson County Department of Assessment and Taxation are the official records for determining ownership. The applicant shall demonstrate that the most current assessment records have been used to produce the notice list;
6. One (1) copy of the Findings of Fact detailing compliance with statewide goals and policies, applicable county comprehensive plan policies, and the City’s comprehensive plan policies.
7. Completed application with property owner and applicant signatures.
8. Application fee

IMPORTANT: Only completed applications will be processed. If you are unsure of the submittal requirements, please contact City staff for clarification.

IV. **PROPERTY OWNER/APPLICANT INFORMATION: (PLEASE PRINT OR TYPE)**

Property Owner Name: _____
(Please print or type)

Address: _____

Phone: _____ 2nd Phone: _____

Applicant’s Name: _____

Address: _____

Phone: _____ 2nd Phone: _____

Other Contact Name: _____

Address: _____

Phone: _____ 2nd Phone: _____

V. **AUTHORIZATION TO PROCESS:**

PROPERTY OWNER'S CONSENT: I do hereby certify that I am the legal owner of record of the property described above and as such I am requesting that the City of Phoenix process this application in accord with State and local ordinances. I also certify that the information submitted hereto is true and correct to the best of my knowledge and belief.

Property Owner's Signature

Date

APPLICANT'S AUTHORIZATION: I do hereby certify that the information submitted herein is true and correct to the best of my knowledge and belief.

Applicant's Signature

Date

FOR OFFICE USE ONLY

RECEIVED BY: _____

DATE: _____

FEE RECEIVED: _____

RECEIPT NO. : _____

FILE NO. ASSIGNED: _____