



# CITY OF LYONS

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Received by: \_\_\_\_\_  
Date: \_\_\_\_\_  
Paid: \$ \_\_\_\_\_

## COMPREHENSIVE PLAN AND/OR ZONING AMENDMENT APPLICATION

**A. This amendment request is for (check one or more):**

1. \_\_\_\_\_ zoning map amendment
2. \_\_\_\_\_ zoning text amendment
3. \_\_\_\_\_ comprehensive plan map amendment
4. \_\_\_\_\_ comprehensive plan text amendment

**B. Comprehensive Plan or Zoning Map Amendment**

1. Location:

Township \_\_\_\_\_ Range \_\_\_\_\_ Section \_\_\_\_\_ Tax Lot \_\_\_\_\_

Street Address: \_\_\_\_\_

Other location description: \_\_\_\_\_

\_\_\_\_\_

2. Present plan map designation: \_\_\_\_\_

Proposed plan map designation: \_\_\_\_\_

3. Present zoning map designation: \_\_\_\_\_

Proposed zoning map designation: \_\_\_\_\_

4. Current use of property: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

5. Proposed use of property: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
6. Property size and dimensions: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
7. Reasons for request: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
8. How is the land used which surrounds the property to be considered for rezoning? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
9. Describe the physical characteristics of the property to be considered for rezoning (i.e. topography, drainage, etc.). \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
10. Describe the physical characteristics of the property in the surrounding area. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
11. Describe the street access to the property to be considered for rezoning. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

12. Is the property served by a well or connected to the water supply system? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

13. What is the status of a sewage disposal system to serve the property? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

14. In order to approve a request for a comprehensive plan amendment, the City must determine that the request meets the criteria listed below. Please comment on each one.

a. The proposed amendment is consistent with the Comprehensive Plan. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

b. Other suitable locations are not presently available to accommodate the use for which the amendment is proposed. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

c. The proposed amendment will be compatible with adjacent land uses and will not adversely impact the overall land use pattern in the area. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

d. The proposed amendment will not have a significant negative impact on the provision of public facilities. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

e. The proposed amendment will not have a significant negative impact on the provision of transportation facilities. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- f. Development limitations, such as soil and foundation suitability, or flood hazard potential, will not adversely affect the land uses which would be permitted through the amendment. \_\_\_\_\_

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**C. Comprehensive Plan or Zoning Text Amendment**

1. Sections of the comprehensive plan for which this amendment request applies. \_\_\_\_\_

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2. Sections of the zoning ordinance for which this amendment request applies. \_\_\_\_\_

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3. Proposed revision to comprehensive plan text. \_\_\_\_\_

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4. Proposed revision to zoning ordinance text. \_\_\_\_\_

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5. Reasons for the request. \_\_\_\_\_

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**ATTACHMENTS REQUIRED FOR MAP AMENDMENTS:**

1. Attach a vicinity map showing proposed affected property and surrounding properties, including all streets and natural features.

2. Attach a certified list of surrounding property owners. For a comprehensive plan map amendment, include properties owners within 250 feet of affected properties. For a zoning map amendment, include properties owners within 500 feet of affected properties. Lists obtained from a title company incorporated under Oregon laws or the Linn County Tax Assessor's office shall be acceptable.

I have read and understand all of the Comprehensive Plan Amendment Procedure and/or Article 9 of the Zoning Ordinance, whichever is applicable.

SIGNATURE OF APPLICANT \_\_\_\_\_ DATE: \_\_\_\_\_