



CITY OF LYONS

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Received by: _____
Date: _____
Paid: \$ _____

COMPREHENSIVE PLAN AND/OR ZONING AMENDMENT APPLICATION

Name of Applicant: _____

Mailing Address: _____

Phone Number: _____ email: _____

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. _____

C. Comprehensive Plan or Zoning Text Amendment

- 1. Sections of the comprehensive plan for which this amendment request applies. _____

- 2. Sections of the zoning ordinance for which this amendment request applies. _____

- 3. Proposed revision to comprehensive plan text. _____

- 4. Proposed revision to zoning ordinance text. _____

- 5. Reasons for the request. _____

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: _____