

**COMPREHENSIVE PLAN AMENDMENT APPLICATION**

**CITY OF THE DALLES**  
Community Development Department  
313 Court Street  
The Dalles, OR 97058  
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Date Filed \_\_\_\_\_  
File# \_\_\_\_\_  
Date Deemed Complete \_\_\_\_\_  
Hearing Date \_\_\_\_\_  
Approval Date \_\_\_\_\_  
Permit Log # \_\_\_\_\_  
Other Cross Reference# \_\_\_\_\_

**APPLICANT**

Name \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
Telephone # \_\_\_\_\_  
E-mail Address \_\_\_\_\_

**LEGAL OWNER (If Different than Applicant)**

Name \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
Telephone # \_\_\_\_\_

\*If applicant is not the legal owner, attach either [1] owner consent letter, or; [2] copy of earnest money agreement, or; [3] copy of lease agreement.

**PROPERTY INFORMATION**

Address \_\_\_\_\_  
Map and Tax Lot \_\_\_\_\_  
Size of Development Site \_\_\_\_\_  
Zone District/Overlay \_\_\_\_\_  
Comprehensive Plan Designation \_\_\_\_\_

**REQUEST**

New Development       Expansion/Alteration       Change of Use       Amend Approved Plan

Brief Explanation: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**JUSTIFICATION OF REQUEST**

1. Explain the justification for the proposed Comprehensive Plan Amendment.

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2. Describe how the proposed amendment is compatible with or will further the goals established by the Community for the subject area. *The goals are listed in the Comprehensive Plan.*

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3. Describe how the proposed Comprehensive Plan Amendment will further the interests of public health, safety, and general welfare.

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4. Describe the effect the proposed amendment would have on surrounding properties.

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**PLANS SUBMITTED:**

At least 15 copies of concept site plan.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Planner

\_\_\_\_\_  
Date Deemed Complete