



**CITY OF PRINEVILLE
Planning Department**

387 NE Third Street
Prineville OR 97754

(541) 447-8326 (PHONE) (541) 447-5628 (FAX)

www.cityofprineville.com

ZONE MAP AMENDMENT: _____	PLAN MAP AMENDMENT: _____	TEXT AMENDMENT: _____
FEE:	FEE:	FEE:

Applicant's Name (print): _____ Phone: (____) _____

Mailing Address: _____ City/State/Zip: _____

Property Owner's Name (if different): _____ Phone: (____) _____

Mailing Address: _____ City/State/Zip: _____

Property Description: Township _____ Range _____ Section _____ Tax Lot _____

Current Zoning: _____ Proposed Zoning: _____

Current Plan Designation: _____ Proposed Designation: _____

Applicable State Goals: _____ Exception Proposed? _____ Yes _____ No

Size of Affected Area: _____ Acres

INSTRUCTIONS FOR COMPLETING THIS APPLICATION:

1. Complete this application form including the appropriate signatures.
2. Include a detailed statement describing the proposal and how it meets all requirements of the appropriate State rules and statutes, and City codes and Comprehensive Plan policies. Text amendment applications must include the proposed language and the basis for the change.
3. If multiple properties are involved in this application, then identify each property on a separate page and follow with the property owners' signatures.
4. Submit the correct application fee.
5. Submit a copy of the current deed(s) for the property and Location Maps.

A PRE-APPLICATION APPOINTMENT IS REQUIRED FOR ALL AMENDMENTS

Applicant's Signature: _____ Date: _____

Property Owner's Signature (if different)*: _____ Date: _____

Agent's Name (if applicable): _____ Phone: (____) _____

Mailing Address: _____ City/State/Zip: _____

***If this application is not signed by the property owner, a letter authorizing signature by the applicant must be attached.**