CITY OF PHILOMATH
980 Applegate Street
PO Box 400
Philomath, OR 97370
541-929-6148; 541-929-3044 FAX
www.ci.philomath.or.us

Fee: $970

ZONE CHANGE APPLICATION

Applicant(s)

Name: _____ Contact Phone: _____

Mailing Address: _____

E-mail: _____

Name: _____ Contact Phone: _____

Mailing Address: _____

E-mail: _____

Interest in Property (Owner, Purchaser, Agent, etc.): _____

Other individuals you would like to be notified concerning this application:

Name	Address	E-mail

Property Proposed for Rezoning:

Street Address _____

Legal Description _____

_____

_____

Present Zoning _____ Proposed Zoning _____

Present Use of Property _____

_____

_____

Reasons for Rezoning:

Reason: _____

_____

_____

Characteristics of the Area: _____

_____

_____

Relationship of the request to the surrounding property: _____

_____

_____

_____

Relationship of the request to the neighborhood: _____

_____

_____

_____

Relationship of the request to the Comprehensive Plan: _____

_____

_____

_____

The overall public need for a change of zoning: _____

_____

_____

_____

(Use additional sheets if necessary)

SIGNATURE(S)

I (we) hereby certify that the foregoing statements, answers, and all other information attached hereto are true and accurate to the best of my (our) knowledge and belief.

_____ _____
Date

_____ _____
Date

----------*For Office Use Only*----------

Date Application Received: _____ Receipt Number:_____ By: _____ File Number Assigned: _____

Date Application Deemed Complete: _____