

City of The Dalles Community Development Dept

313 Court Street
The Dalles, OR 97058
(541) 296-5481, ext. 1125
www.thedalles.org

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Received:		

Application #:			
Filing Fee:			
Receipt #:			
Deemed Complete:			
Ready to Issue:			
Date Issued:			

Zone Change Application

Applicant	Legal Owner (if different than Applicant)
Name:	Name:
Address:	Address:
Phone #:	Phone #:
Email:	
Property Information Address: Zone:	
City Limits: Yes No	Size of Development:
Geohazard Zone:	Flood Designation:
Project Information	
Current Use of Property:	
Briefly Explain the Project:	

In addition to the requirements of Article 3.010: Application Procedures, this application must be accompanied by the information required in Article 3.100: Zone Changes, contained in Title 10 Land Use and Development of the City of The Dalles Municipal Code.

Justification of Request

	What are the special circumstances (size, shape or not apply to other properties in the same vicinity ar	topography of lot, location of surroundings) that do nd zone?
2.	What difficulties and unnecessary hardships will be	created without a Zone Change to the property?
3.	Explain why Zone Change will not be detrimental to	the public safety, health and, and welfare.
4.	Explain why this Zone Change, if granted, would no	t be contrary to the intent of the Zoning Ordinance.
Signature of Applicant		Signature of Property Owner
_	Date	Date