



# CITY OF CANNON BEACH

## AMENDMENT TO THE ZONING ORDINANCE TEXT

Please fill out this form completely. Please type or print.

Applicant Name: \_\_\_\_\_

Email Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Property-Owner Name: \_\_\_\_\_

(if other than applicant)

Mailing Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Property Location: \_\_\_\_\_

(street address)

Map No.: \_\_\_\_\_ Tax Lot No.: \_\_\_\_\_

### AMENDMENT TO THE ZONING ORDINANCE REQUEST:

1. Description of the proposal.

2. Justification for the Zoning Ordinance amendment request. Explain how the request meets each of the following criteria for granting an amendment to the Zoning Ordinance.

**Note:** Use extra sheets, if necessary, for answering the above questions.

**Fee:** \$1,500

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Property Owner Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If the applicant is other than the owner, the owner hereby grants permission for the applicant to act on his/her behalf. Please attach the name, address, phone number, and signature of any additional property owners.

\_\_\_\_\_  
*For Staff Use Only:*

Received on: \_\_\_\_\_ By: \_\_\_\_\_ Fee

Paid: \_\_\_\_\_ Receipt No.: \_\_\_\_\_

*(Last revised March 2021)*