

Text Amendment Application

THIS IS PUBLIC RECORD

APPLICANT:

NAME: _____
ADDRESS: _____

PHONE: _____
E-MAIL: _____

CONTACT (if other than applicant):

NAME: _____
ADDRESS: _____

PHONE: _____
E-MAIL: _____

REQUEST:

___ Comprehensive Plan Text Amendment
___ Text Amendment of Lincoln City Municipal Code Title 16 or Title 17

Description of request, including code section(s) being amended: _____



TO APPROVE THE REQUEST, THE REVIEW AUTHORITY MUST BE ABLE TO MAKE FINDINGS OF FACT, BASED ON EVIDENCE PROVIDED IN THE APPLICATION MATERIALS AND NARRATIVE, THAT THE FOLLOWING CRITERIA ARE SATISFIED:

1. The text amendment is consistent with relevant goals and policies of the comprehensive plan and adopted master plans; and
2. The text amendment is consistent with relevant provisions of the statewide planning goals, Oregon Administrative Rules, and state statutes.

A NARRATIVE ADDRESSING APPLICABLE CRITERIA MUST ACCOMPANY THIS COMPLETED APPLICATION FORM.

I (We) hereby declare under penalty of perjury under the laws of the State of Oregon that the foregoing information is true, complete, and accurate.

SIGNATURES:

Applicant (signature required)

Date

Contact (signature required)

Date

The following items must be included in the submittal package and saved as separate pdfs, with pdfs titled as indicated:

1. Completed application form with all signatures (pdf titled APPLICATION)
2. Written narrative (pdf titled NARRATIVE)
3. Online Direct Pay Authorization Agreement Form for Credit/Debit Cards (pdf titled ONLINE DIRECT PAY)
 - o If payment by check is desired, mail to: Lincoln City Planning, PO Box 50, Lincoln City, OR 97367
4. Any other materials in support of the request (pdf titled OTHER MATERIALS)