



**City Of Warrenton**  
**Planning Department**  
**Rezone (Zoning Map Amendment)**  
**WMC 16.232**

|                   |                          |
|-------------------|--------------------------|
| <b>OFFICE USE</b> | FEE \$2,000              |
|                   | File# RZ - _____ - _____ |
|                   | Date Received _____      |
|                   | Receipt# _____           |

Amendments to the Warrenton Zoning Map may be necessary from time to time to reflect changing community conditions, needs, and desires, to correct mistakes, or to address changes in state law (i.e., ORS, OAR, and Statewide Planning Goals). A property owner or designated representative may initiate a request to amend the Warrenton Zoning Map by filing an application with the Planning Department in accordance with the requirements of WMC 16.208.060. In addition, the applicant shall provide any related plans, drawings, and/or information needed to provide background for the request.

**Property**

Address: \_\_\_\_\_  
 Tax Lot (s): \_\_\_\_\_  
 Zone: \_\_\_\_\_ Flood Zone: \_\_\_\_\_ Wetlands: \_\_\_\_\_

**Applicant**

Name (s): \_\_\_\_\_  
 Phone: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 Applicant Signature(s): \_\_\_\_\_ Date: \_\_\_\_\_

**Property Owner (if different from applicant)**

Name (s): \_\_\_\_\_  
 Phone: \_\_\_\_\_ E-mail Address: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 Owner's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*I am a record owner of property (person(s) whose name is on the most recently-recorded deed), or contract purchaser with written permission from the record owner and am providing my signature as written authorization for the applicant to submit this application.*

## Description of Existing Conditions

1. Existing use of site: \_\_\_\_\_
2. Existing zoning of the subject property: \_\_\_\_\_
3. Proposed zoning of the subject property: \_\_\_\_\_
4. Existing zoning of the surrounding properties:  
North: \_\_\_\_\_  
East: \_\_\_\_\_  
South: \_\_\_\_\_  
West: \_\_\_\_\_

## Rezone (Zoning Map Amendment) Review Criteria

Please provide written responses to each of the criteria below that clearly explain how your proposal meets each item. Attach a separate piece of paper if needed. Be as specific as possible. "Yes" and "No" responses are not sufficient.

1. Does the proposal conform to the applicable Oregon Revised Statutes? Yes\_\_\_\_ No\_\_\_\_

Please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Does the proposal conform to the Statewide Planning Goals? Yes\_\_\_\_ No\_\_\_\_

Please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Is there a change of circumstances or further studies justifying the amendment?

Please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**This application will not be officially accepted until department staff have determined that the application is filled out and signed, the application fee has been paid, and the submittal requirements have been met.**