



Josephine County, Oregon

Community Development – Planning Division

700 NW Dimmick, Suite C / Grants Pass, OR 97526

(541) 474-5421 / Fax (541) 474-5422

E-mail: planning@co.josephine.or.us

COMPREHENSIVE PLAN AMENDMENT AND/OR ZONE CHANGE

PROPERTY INFORMATION

ASSESSOR'S LEGAL DESCRIPTION:

TWN _____ RNG _____ SEC _____ QQ _____ TAX LOT (S) _____ ZONE _____

TWN _____ RNG _____ SEC _____ QQ _____ TAX LOT (S) _____ ZONE _____

PROPERTY ADDRESS: _____

EXISTING ZONING: _____ PARCEL SIZE: _____

OWNER, APPLICANT & REPRESENTATIVE INFORMATION

OWNER'S NAME: _____ TEL: _____

MAILING ADDRESS: _____

APPLICANT'S NAME: _____ TEL: _____

MAILING ADDRESS: _____

REPRESENTATIVE: _____ TEL: _____

MAILING ADDRESS: _____

EMAIL ADDRESS: _____

REQUEST

Present Designations: _____ Proposed Designations: _____

Based on: Existing Exception Area Non-Resource Land

New Exception (Reasons _____ Physically Developed _____ Irrevocably Committed _____)

Specific State Goals Subject to Exception (by#): _____

The following must be completed before this application can be processed:

A written statement demonstrating compliance with all applicable criteria is attached.

Pre-Application review signed off.

APPLICANT'S STATEMENT OF UNDERSTANDING

I _____, have filed an application for a **COMPREHENSIVE PLAN AND/OR ZONE CHANGE** with the Community Development – Planning Division to be reviewed and processed according to state and county requirements. My signature below affirms I have discussed my application with _____ of the planning staff, and that I acknowledge the following disclosures:

1. I understand that any representations, conclusions or opinions expressed by staff in the pre-application review of this request do not constitute final authority or approval, and that I am not entitled to rely upon any such expressions in lieu of formal approval of my request.
2. I understand I may ask questions and receive input from planning staff, but acknowledge that I am ultimately responsible for all information or documentation submitted with this application. I further understand that Planning Staff cannot legally bind the county to any fact or circumstance which conflicts with state or local laws, and in the event a conflict occurs, the statement or agreement is null and void.
3. I understand I have the burden of proving the criteria for a Comprehensive Plan and Zone Change are met for my application, and that I may not rely upon the staff report to establish my request.
4. I understand planning staff is entitled to ask for additional information or documentation any time after the submission of this application if it is determined such information is needed for review of my application.
5. I understand if my application is approved by Josephine County that approval may be reviewed by the Oregon Department of Land Conservation and Development, and this agency has the authority to appeal its approval. In the event a public hearing is required, I agree that it is my responsibility, and not the county's, to respond to the appeal and make out the case in favor of the application. While the planning office may take a position supporting the application, I realize it is not the county's function to argue my case at the hearing.
6. I understand I am entitled to have a lawyer, engineer, surveyor, land use consultant, or other help me with my application and to appear with me (or for me) at any appointment, conference or hearing relating to it.
7. I understand the processing of my application may require a site visit, which may include officials from other agencies, and photographs are commonly taken. Advance notice of the visit will be provided when the site is also a personal residence.

DATE: _____, 20_____.

OWNER/APPLICANT *

OWNER/APPLICANT *

** If the applicant is someone other than the owner, a power of attorney must be on file from the owners authorizing the application*

STATEMENT OF INTENDED WATER USE

Name: _____

Date: _____

Address: _____

Phone: _____

LEGAL:

TWN____, RNG____, SEC____, QQ____,

Tax Lot _____

LAND USE PROPOSAL

- | | |
|--|--|
| <input type="checkbox"/> Development Permit | <input type="checkbox"/> Home Occupation |
| <input type="checkbox"/> Land Partition (# of Lots_____) | <input type="checkbox"/> Administrative Permit |
| <input type="checkbox"/> Subdivision (# of Lots_____) | <input type="checkbox"/> Conditional Use Permit |
| <input type="checkbox"/> Planned Unit Development | <input type="checkbox"/> Comp Plan & Zone Change |

Current Zoning:_____

Are new lots being created Yes No

Will any lots be less than 1 acre in size? Yes No

DESCRIPTION OF WATER USE

(Describe the Use)

- How many residential units will use water (# of units, single or multi-family)? _____
- Will water be used to irrigate (lawn, garden, shrubs, fields)? _____
Total # of Acres Irrigated per Development _____
- Will water be used for livestock (kind, #)? _____
- Will water be used for one of the following:
- | | |
|---|---|
| <input type="checkbox"/> Commercial (office, retail, motel) | <input type="checkbox"/> Industrial (manufacturing, heavy repair) |
| <input type="checkbox"/> Institutional (school, church) | <input type="checkbox"/> Recreation (park, campground, pond) |
| <input type="checkbox"/> Other:_____ | # partial hookup sites_____ # full hookups_____ |

If so, please describe the use in detail: _____

_____.

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SOURCE OF WATER (Check All That Apply)	QUANTITY TO BE USED (Estimate)
<input type="checkbox"/> Surface Water Source (spring, stream, irrigation district): _____ _____ _____ <input type="checkbox"/> Reservoir or Pond: _____ <input type="checkbox"/> Ground Water: <ul style="list-style-type: none"> <input type="checkbox"/> Individual Well(s) <input type="checkbox"/> Shared Well(s) <input type="checkbox"/> Community Well(s) (Indicate the # of wells: _____) <input type="checkbox"/> Sump <input type="checkbox"/> Municipal Supply <input type="checkbox"/> Water Rights <ul style="list-style-type: none"> <input type="checkbox"/> Yes (Certificate/Permit # _____) <input type="checkbox"/> No <input type="checkbox"/> Do Not Know 	_____ Gallons Per Minute _____ Gallons Per Day _____ Cubic Feet Per Second _____ Acre Feet Remarks:

- - - ATTACH MAP SHOWING LOCATION OF EXISTING AND PROPOSED WELLS - - -

Signature of Applicant

-- OFFICIAL USE ONLY --	
Water Right Required <input type="checkbox"/> Yes <input type="checkbox"/> No	
Water Hazard Overlay Zone? <input type="checkbox"/> Yes <input type="checkbox"/> No	Comment: _____

Other Remarks: _____	

PUMP TEST REQUIRED? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Major <input type="checkbox"/> Minor <input type="checkbox"/> Other _____	
Date: _____, 20_____	_____

Reviewed By	