



City of Winston
Community Development
201 NW Douglas Blvd
Winston, OR 97496
(541) 679-6739

CITY OF WINSTON ZONE CHANGE APPLICATION

FILE NO. _____

DATE FILED: _____

FEE: \$1500.00 + costs (non-refundable)

Receipt No. _____

Application Deemed Complete: _____

THE UNDERSIGNED OWNER(S) OR AUTHORIZED AGENT(S) HEREBY REQUEST FROM THE CITY OF WINSTON A ZONE CHANGE FROM

1. APPLICATION INFORMATION

A. Property Owner(s) please print or type; signatures are required on page 5 of this application. Provide additional pages if necessary. A contract purchaser may sign as owner if a copy of the recorded contract is submitted. (An earnest money agreement does not constitute a contract.)

Name(s): _____

Address(s): _____

Phone(s): _____ Fax: _____

B. Authorized Agent(s)

Name(s): _____

Address(s): _____

Tel. Phone(s): _____ Fax: _____

2. PROPERTY DESCRIPTION

A. Assessor Map ID(s): _____ Property ID(s): _____

B. Property Location Description

1. List all existing addresses located on the property.

2. Indicate the subject property's location in relationship to nearest streets (i.e., NE corner of Umatilla St. and 5th. Avenue.

C. Total land area involved in the request. Acres: _____ SQ.FT.: _____

3. EXISTING AND ANTICIPATED USE INFORMATION

A. Current Use: _____

B. City Zoning: _____

C. Comprehensive Plan: _____

D. Proposed Zoning Designation: _____

E. Proposed Use of the site for which this change is being requested

F. Is it anticipated that structures will removed/demolished from the property?
___ YES ___ NO If yes, a separate application for demolition is required.

G. Are any historic structure or historically significant features on the subject property? ___ YES ___ NO. If yes, describe the any impacts to such features.

H. Is it anticipated that a land division or partitioning will occur as a result of the Change being granted? YES___ NO___ If yes, compliance with Winston

Development Code (ORD. 976), and a separate application for subdivision, PUD, partition.

- I. What is the anticipated time for development? _____
- J. Will this development be in phases? ____YES ____NO. If yes, Number and timeline of additional phase completion, _____
- K. What additional public and private utilities will be needed for the any proposed development? _____

4. REQUIRED ATTACHMENTS (Please submit all tentative plans/plats electronically)

A. General Information:

- 1. A plot map showing boundaries, proposed zone, current plan designation, access, utilities, and 5' contours.
- 2. Date, North arrow, and scale of drawing;
- 3. Location of the development sufficient to define its location in the city, boundaries, and a legal description of the site;
- 4. Names, addresses and telephone numbers of the owners, project designer, engineer(s), and/or surveyor, and the date of the survey; if applicable.

See map of property attached

B. Impact Statement: Shall include a narrative addressing each area of impact listed below:

- 1. Quantify/assess the effect of the development on public facilities and services;

- 2. Address, at a minimum, the transportation system, including pedestrian ways and bikeways, the drainage system, the parks system, the water system, the sewer system, and the noise impacts of the development; and

- 3. For each public facility system and type of impact, the study shall propose improvements necessary to meet city standards and to minimize the impact of the development on the public at large, public facilities systems, and affected private property users.

C. The applicant shall submit a narrative that addresses each of the approval criteria listed below:

1. Demonstration of compliance with all applicable comprehensive plan policies and map designations. Where this criterion cannot be met, a comprehensive plan amendment shall be a prerequisite to approval;

2. Demonstration that the most intense uses and density that would be allowed, outright in the proposed zone, considering the sites characteristics, can be served through the orderly extension of urban facilities and services, including a demonstration of consistency with OAR 660-012-0060; and

3. Evidence of change in the neighborhood or community, or a mistake or inconsistency between the comprehensive plan or zoning district map regarding the subject property which warrants the amendment.

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SIGNATURES NEXT PAGE

5. SIGNATURES

I hereby apply for a Zone Change as requested on this form and certify that the attachments are complete and correct. (Any and all engineering cost incurred by the City of Winston associated with this application shall be the responsibility of the applicant.) **Attach sheet if additional signatures are required.**

Applicant Signature _____
DATE

Printed Name: _____
OWNER _____ AGENT _____ OPTION HOLDER _____ CONTRACT BUYER _____

Applicant Signature _____
DATE

Printed Name: _____
OWNER _____ AGENT _____ OPTION HOLDER _____ CONTRACT BUYER _____

Applicant Signature _____
DATE

Printed Name: _____
OWNER _____ AGENT _____ OPTION HOLDER _____ CONTRACT BUYER _____

Any other owner or option holder or buyer who does not sign this application shall provide a signed statement providing their authorization for submission of the subdivision request.