

**CITY OF WARRENTON
PLANNING AND BUILDING DEPARTMENT**

**MODIFICATIONS TO APPROVED
PLANS AND CONDITIONS OF
APPROVAL APPLICATION**

OFFICE USE ONLY	
FILE # _____	FEE \$ _____
ZONING DISTRICT _____	
RECEIPT # _____	
DATE RECEIVED _____	

The purpose for this application is to provide an efficient process for modifying land use decisions and approved development plans, in recognition of the cost and complexity of land development. Please answer the questions as completely as possible.

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Legal Description of the Subject Property: Township _____, Range _____, Section(s) _____,

Tax Lot(s) _____

Property street address: _____

I/WE, THE UNDERSIGNED APPLICANT(S) OR AUTHORIZED AGENT, AFFIRM BY MY/OUR SIGNATURE(S) THAT THE INFORMATION CONTAINED IN THE FOREGOING APPLICATION AND ASSOCIATED SUBMISSIONS IS TRUE AND CORRECT.

APPLICANT:

Printed Name: _____

Signature: _____ Date: _____

Address: _____ Phone: _____

E-mail Address: _____

City/State/Zip: _____ Fax: _____

PROPERTY OWNER (if different from Applicant):

Printed Name: _____

Signature: _____ Date: _____

Address: _____

E-mail Address: _____

Phone: _____ Fax: _____

City/State/Zip: _____

1. In detail, please describe the reason(s) for applying for a modification to an approved plan or conditions of approval:

2. Please explain which category your request falls in:

a. Major Modification _____ yes _____ no

i. a change in land use _____

ii. an increase in the number of dwelling units _____

iii. a change in the type and/or location of access ways, drives or parking areas that affect off-site traffic _____

PLEASE UNDERSTAND THAT THIS APPLICATION WILL NOT BE OFFICIALLY ACCEPTED UNTIL DEPARTMENT STAFF HAS DETERMINED THAT THE APPLICATION IS COMPLETELY FILLED OUT AND THE SITE PLAN MAP REQUIREMENTS HAVE BEEN COMPLETED.

Return Application To:

City of Warrenton
Planning and Building Department
PO Box 250
225 S. Main Street
Warrenton, Oregon 97146

Phone: 503-861-0920
Fax: 503-861-2351