

Zone Change Checklist

City of Klamath Falls Development Services, 226 South 5th Street, Klamath Falls, OR 97601

	Strongly recommended: Attend a Pre-Application meeting wit will be credited toward the filing fee.)	th City Staff (Cost: 10% of the filing fee. This fee				
RE	REQUIRED CONTENTS					
	Completed Zone Change Application (TO BE COMPLETED IN INK) Public Notice Mailing List (Property owner mailing list for a 500 foot radius) Completed Acknowledgment of Mailing List Form Completed Applicant and Owner Statement Form and Copy of Deed					
	 □ Date □ North arrow □ Written & graphic scale □ Location & type of handicap access □ Existing utilities (easements, poles, lines, etc.) □ Present zoning & intended use of the property □ Lot & building dimensions, setback dimensions & height of the proposed layout of parking lot, including location & dime curb islands, internal planter strips, maneuvering aisles & Location of all recreational amenities such as open play are site data in tabular form: total area of property, building coverage, parking lot landscape coverage, and number of Finished floor elevations-show existing grade contours and size & location of all existing and proposed public and proposed location, dimensions and names of proposed internal street (location and dimensions of sidewalks shall also be shown Proposed gross floor area and number of residential units are greated and proposed final grade □ Cut/fill quantities in cubic feet □ Square footage of new impervious areas (pavemental where and how storm water will be directed from How erosion will be prevented after construction in the proposed of the proposed of the proposed from the proposed of the proposed from the proposed from the proposed of the proposed from the	nsion of parking spaces, handicap parking spaces, access driveways indicating directions of travel eas, swimming pools, tennis courts, tot lots, etc. overage, existing gross floor area, parking lot parking stalls required d finished grades or contours clearly exate utilities, easements or rights-of-way ets showing center line radii and curb return radii in) as appropriate (in tabular form)				
	Vicinity Map (indicating the relationship and forms of existing developments in the general area)					

- ☐ Mailing Costs (Current postage rate plus 10 cents multiplied by the number of property owners-Major Design Review only)
- Legal Notice Costs (this will be billed and shall be paid within 30 days of the final decision on the application)

REMEMBER: Rezoning may only be approved if all of the applicable review criteria are met:

- ☐ The zone change must be in conformance with the Comprehensive Plan and all other provisions of Chapters 10-14 and any applicable street plans
- ☐ The property affected by the zone change is adequate in size and shape to facilitate those uses that are normally allowed in conjunction with such zoning
- ☐ The property affected by the proposed zone change is properly related to streets to adequately serve the type of traffic generated by such uses that may be permitted therein
- ☐ The proposed zone change will have no adverse affect on abutting property or the permitted uses thereof

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General Review Application

City of Klamath Falls Development Services 226 South 5th Street, Klamath Falls, OR 97601

ET N	
File Number(s):	
(-)	

	OFFICIAL USE ONLY			
Date Received:	Date Application Complete:			
Hearing Date: Date of Pre-App Meeting:				
FDATE OF DLCD NOTICE—FOR ANNEXATION AND ZONE CHANGE ONLY ☐				
Notice of Proposal: Notice of Adoption:				
	APPLICATION TYPE hrough the City Planning Department – Check all that apply ¬¬			
□ Design Review—Major (\$750) □ Variance—Major (\$750) □ Land Partition—Tentative (\$750) □ Nonconforming Use Exception (\$175) □ Other → Please Describe: □ Conditional Use Permit (\$1,000) □ Annexation (\$500) □ Zone Change (\$2,000) □ Other → Please Describe:				
Please check primary contact person	APPLICANT INFORMATION TO BE COMPLETED IN INK			
. , .				
	Daytime Phone:E-Mail:			
	Daytime Phone:			
	E-Mail:			
Agent (e.g. Architect, Engineer, Surveyor): Mailing Address: E-Mail:				
	Daytime Phone:			
	SUBJECT SITE INFORMATION			
Property Address:				
Map & Tax Lot Number(s):				
Subdivision, Lot & Block:				
Current Zoning: Total Size of Parcel(s):				
Describe current uses, existing struc	tures, other improvements and vegetation on the property:			
Existing easements and/or deed restr	rictions—Purpose and Description:			
Volume & Page Number:				

(continued)

PROJECT INFORMATION		
Briefly describe the project and proposed use:		
• Will any portion of the facility, once operational, be age restricted? ☐ Yes ☐ No		
TRAFFIC STATEMENT		
• Describe the amount of traffic the proposal will generate and the impact on local streets and traffic conditions:		
ENVIRONMENTAL IMPACTS		
 Describe any noise potentially generated by the proposed use (including during construction): 		
Describe pollution emissions that will be generated by the proposed use:		
Describe the impact of the proposal on adjacent scenic views, historical resources or other environmental resources:		
CONSTRUCTION IMPACTS		
If excavation or fill is planned, explain the purpose, location and amount of each:		
- If the answers 1 is a located associated the associated for the location and associated to the		
 If tree removal is planned, explain the purpose of removal and the location and number of trees to b removed: 		

PLEASE NOTE

- If driveways are planned as part of your proposal, please note the type (residential or commercial), width and location of each on the site plan.
- If sidewalks are planned, show the width and location on the site plan.
- If water and sewer are planned, show the main lines and service lines on the site plan.
- If storm water is planned, show the main lines and service lines or on-site detention/retention on the site plan.

REZONING APPLICATION SUPPLEMENT

Please answer the following questions. Attach additional sheets if necessary.

REQUIRED FINDINGS

The Community Development Ordinance (Sections 11.400-11.440) and the Oregon Revised Statutes (Chapter 227) regulate rezoning within the City limits. Zone changes may only be approved when all the required findings can be made. Please complete this form to explain how you think the requested change of zoning will satisfy the required findings.

1.	the uses that are normally allowed	d in conjunction with such zo	s adequate in size and shape to accommening.	
2.	The site for the proposed use must be served by streets and highways adequate in width and pavement type to carry the quantity of traffic generated by the proposed use.			
	How wide and what pavement type are the streets/highways adjacent to the proposed site?			
	Street #1 Name:	Width:	Pavement type:	
	Street #2 Name:	Width:	Pavement type:	
	Street #3 Name:	Width:	Pavement type:	
	Street #4 Name:	Width:	Pavement type:	
	How much traffic is the proposed	l use going to generate (cars p	er day)?	
3.	Explain what types of effects the proposed use will have on abutting properties or the permitted uses of those properties.			es on
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Public Hearing Notice Mailing List

City of Klamath Falls Development Services, 226 South 5th Street, Klamath Falls, OR 97601

INSTRUCTIONS FOR PROVIDING PUBLIC HEARING NOTICE INFORMATION FOR:

Subdivision

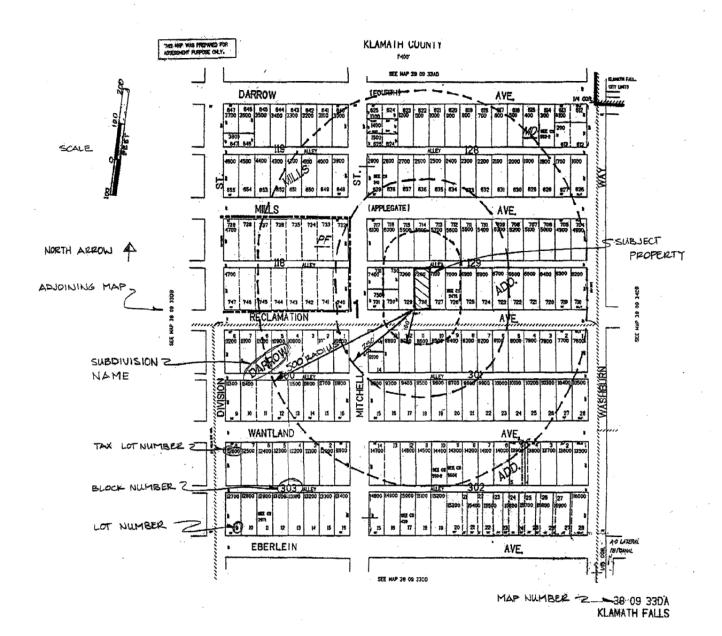
Urban Growth Boundary

Zone Change

When applying for any of the above, please provide the information necessary to notify the nearby property owners about all public hearings for your project. This information is to be provided in the following manner:

Obtain a current copy of the County Assessor map (tax maps) that include your project site and all parcels within 500 feet of any part of the parcel on which your project is located, including public rights-of-way. The exterior property lines of the parcel(s) on which your project is located, even if your project will occupy only a portion of the parcel(s), must be clearly outlined on the map, and another line must be clearly drawn indicating a distance of 500 feet from all exterior property lines you have outlined. Check the scale shown on each map (they may be different) and use the adjoining maps if necessary to include all property within 500 feet. The County Assessor Office may be able to print a list of addresses for you. If interested, you may inquire with them at the County Government Center at 305 Main Street, Klamath Falls, OR 97601.

	mes, addresses and tax lot numbers of all owners of property within 500 feet, as listed on the last preceding tax roll of the of Klamath County. List the above information in the following order:
	Tax Account Number Property Owner Name Street Address City, State and Zip Code
	ype or print labels on the form provided or on a sheet of labels. Print them legibly or the mailing list will be returned iling labels will speed the application process.
	equired to pay for the Mailing Notice costs (current postage rate plus 10 cents multiplied by the number of property be notified) with your application fee.
You may a final decis	also be required to pay for Legal Notice costs. These costs will be billed to you and shall be paid within 30 days of the ion.
	ACKNOWLEDGMENT OF MAILING LIST
STATE OF	F OREGON OF KLAMATH KLAMATH FALLS
I,	, do hereby certify that on theday of, I submitted
with my ap of Klamath	pplication, such names, addresses and Tax Account Numbers as are listed on the last preceding tax roll of the Assessor h County.
That said l	ist contains a true copy of all property owners within 500 feet of the subject property.
Applicant	SignatureDate
Subscribed	d and sworn to before me thisday of
Notary Pul	blic for Oregon



Revised December 2019

I (we) the undersigned applicant(s) and/or owner(s) of the parcel of land located at the address listed below; identified as the Tax Account Number(s) also listed below, realize that this application rests upon the above answers and accompanying data and do hereby affirm and certify under penalty of perjury, that the foregoing statements and answers are in all respects true and correct to the best of my/our knowledge. By submission of this application, the owner and developer hereby grant the City permission to erect a public notice sign on the subject property for public information purposes.

Subject Property Address:			
Subject Property Tax Account Number(s):			
APPLICANT(S):			
Print Name:			
Signature:	Date:		
Print Name:			
Signature:	Date:		
If the applicant listed on this application is not the sole deed holder of the property or properties described above, complete the following or submit a separate written authorization from the owner:			
AUTHORIZATION TO ACT AS AGENT			
I (we) the undersigned, hereby certify that as deed holder(s) of record of property or properties described above, hereby authorize the person(s) listed as the applicant(s) on this application to act and appear as agent, with respect to this application.			
LANDOWNER(S):			
Print Name:			
Signature:	Date:		
Print Name:			
Signature:	Date:		

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