



# KAMAS CITY GENERAL PLAN, DEVELOPMENT CODE, & ZONING MAP AMENDMENT APPLICATION

The General Plan/Development Code/Zoning Map amendment process requires a minimum of one public hearing. To meet scheduling, work load, and legal posting requirements, this application may require a **minimum** of 60 days to process.

**Please check proposed amendment:**

- General Plan \$500** Plus, professional fees
- Development Code \$500** Plus, professional fees
- Zoning Map \$1,000** Plus, professional fees

Fee is non-refundable and no guarantee of approval of proposed amendment shall be implied by this fee.

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Property Tax ID No.: \_\_\_\_\_

Name of Owner(s): \_\_\_\_\_

Address: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Name of Applicant or Authorized Agent(s): \_\_\_\_\_

Address: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Signed: \_\_\_\_\_  
(Owner)

Date: \_\_\_\_\_

I authorize \_\_\_\_\_ to act as my representative in all matters relating to this application.

\_\_\_\_\_  
(Representative)

Date: \_\_\_\_\_

Project Location (if applicable): \_\_\_\_\_

Current Zoning (if applicable): \_\_\_\_\_ Proposed Zoning (if applicable): \_\_\_\_\_

General Description of requested General Plan/Development Code/Zoning Map Amendment:

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Attach all required information as per the following General Plan/Development Code/Zoning Map Amendment review process checklist. (See current Development Code) Incomplete information may be cause for denial of the petition. These General Plan/Development Code/Zoning Map Amendment requirements are the minimum; other information may be required by the Development Code, Staff, Planning Commission, or City Council.

**General Plan/Development Code/Zoning Map Amendment Requirements:**

*Initial by City Planner if completed, cross out and sign by City Planner if waived or not applicable to application:*

- \_\_\_\_\_ 1. Two (2) copies of amendments and documentation.
- \_\_\_\_\_ 2. Vicinity map identifying the subject site in relation to adjoining public streets and the neighborhood in which it is located with north arrow and scale.
- \_\_\_\_\_ 3. Legal description of the land affected by the petition.
- \_\_\_\_\_ 4. A map showing the current zone of the property and the zone desired or the proposed code or general plan amendment or both, as applicable.
- \_\_\_\_\_ 5. Statement of reason for General Plan/Development Code/Zoning Map Amendment.
- \_\_\_\_\_ 6. One (1) set of stamped and addressed envelopes of all property owners within 1,000 feet of the perimeter of the site or lot lines with current mailing addresses as shown from the most recently available County Assessment rolls.
- \_\_\_\_\_ 7. Any other information that might be helpful to the City in reviewing the proposed amendment including:

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**APPLICANT CERTIFICATION:**

I certify under penalty of perjury that this application and all information submitted as a part of this application is true, complete and accurate to the best of my knowledge. I also acknowledge that I have reviewed the City Development Code(s) and that items and checklists contained in this application are minimum requirements only and that other requirements may be imposed that are unique to individual projects or uses. I agree also to comply with any and all applicable City Development Codes in effect at this time. Should any of the information or representations submitted in connection with this application be incorrect or untrue, I understand that Kamas City may rescind any approval, or take any other legal or appropriate action. I also agree to allow the Staff, Planning Commission, City Council or appointed agents(s) of the City to enter subject property to make any necessary inspections thereof.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Title

<b>Agenda Dates</b>	
Planning Commission:	
Date: _____	<input type="checkbox"/> Approved <input type="checkbox"/> Denied
City Council:	
Date: _____	<input type="checkbox"/> Approved <input type="checkbox"/> Denied
Fee Paid \$ _____	Date: _____