



CITY OF CANNON BEACH

AMENDMENT TO THE COMPREHENSIVE PLAN TEXT

Please fill out this form completely. Please type or print.

Applicant Name: Jeff Adams
Email Address: adams@ci.cannon-beach.or.us
Mailing Address: PBX 368

Telephone: 503.436.8070
Property-Owner Name: CITY OF CANNON BEACH
(if other than applicant)

Mailing Address: SEE ABOVE

Telephone: _____

Property Location: NA
(street address)

Map No.: _____ Tax Lot No.: _____

AMENDMENT TO THE COMPREHENSIVE PLAN REQUEST:

1. Description of the proposal.
THE ADDITION OF THE TSP, AS SUPPLEMENTAL MATERIAL TO THE CANNON BEACH COMPREHENSIVE PLAN.

2. Justification for the Comprehensive Plan amendment request. Explain how the request meets each of the following criteria for granting an amendment to the Comprehensive Plan.

a. The amendment is consistent with the Comprehensive Plan.
THE TSP MEETS THE STATEWIDE PLANNING GOALS, GOAL 12 TRANSPORTATION PLANNING AND TRANSPORTATION POLICIES OF THE COMP PLAN, IN EXHIBIT B.

Note: Use extra sheets, if necessary, for answering the above questions.
Fee: \$1,500

Applicant Signature: [Signature] Date: 4.18.22
Property Owner Signature: NA Date: _____

If the applicant is other than the owner, the owner hereby grants permission for the applicant to act on his/her behalf. Please attach the name, address, phone number, and signature of any additional property owners.

For Staff Use Only:

Received on: _____ By: _____ Fee
Paid: _____ Receipt No.: _____
(Last revised March 2021)