

DLCD Notice of Proposed Amendment or
 Periodic Review work Task Proposed Hearing or
 Urban Growth Boundary or Urban Reserve Area

THIS COMPLETED FORM, including the text of the amendment and any supplemental information, **must be submitted to DLCD's Salem office at least 35 DAYS PRIOR TO THE FIRST EVIDENTIARY HEARING** ORS 197.610, OAR 660-018-0020 and OAR 660-025-0080

Jurisdiction: **City of Wheeler**

Date of First Evidentiary Hearing: **10/04/2012**

Local File Number: **CPA 2012-02**

Date of Final Hearing: **10/15/2012**

Is this a **REVISION** to a previously submitted proposal? No Yes Original submittal date: **8/24/2012**

Comprehensive Plan Text Amendment(s)

Comprehensive Plan Map Amendment(s)

Land Use Regulation Amendment(s)

Zoning Map Amendment(s)

Transportation System Plan Amendment(s)

Urban Growth Boundary Amendment(s)

Periodic Review Work Task Number _____

Urban Reserve Area Amendment(s)

Other (please describe):

Briefly Summarize Proposal in plain language IN THIS SPACE (maximum 500 characters):

Adopt the City of Wheeler 2011 Vision Plan into the Wheeler Comprehensive Plan Background Report as a Mandatory Guiding Document.

Has sufficient information been included to advise DLCD of the effect of proposal?

Yes, text is included

Are Map changes included: minimum 8½"x11" color maps of Current and Proposed designations.

Yes, Maps included

Plan map change from:

To:

Zone map change from:

To:

Location of property (Site address and TRS):

Previous density range:

New density range:

Acres involved:

Applicable statewide planning goals:

- | | | | | | | | | | | | | | | | | | | |
|-------------------------------------|-------------------------------------|--------------------------|--------------------------|-------------------------------------|-------------------------------------|-------------------------------------|--------------------------|-------------------------------------|-------------------------------------|-------------------------------------|--------------------------|--------------------------|-------------------------------------|--------------------------|-------------------------------------|-------------------------------------|--------------------------|--------------------------|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Is an exception to a statewide planning goal proposed? YES NO Goal(s):

Affected state or federal agencies, local governments or special districts (It is jurisdiction's responsibility to notify these agencies).

Tillamook County, Nehalem Bay Wastewater Agency, Nehalem Bay Regional Fire District

Local Contact person (name and title): **Jeff Aprati**

Phone: **503-368-5767**

Extension:

Address: **PO Box 177**

City: **Wheeler**

Zip: **97147-**

Fax Number: **503-368-4273**

E-mail Address: **citymgrwheeler@nehalemtnet.net**

- FOR DLCD internal use only -

DLCD File No _____

SUBMITTAL INSTRUCTIONS

This form must be submitted to DLCD at least 35 days prior to the first evidentiary hearing.
per ORS 197.610, OAR Chapter 660, Division 18 and OAR Chapter 660, Division 25

1. This Form 1 must be submitted by a local jurisdiction. Individuals and organizations may not submit a comprehensive plan amendment for review or acknowledgment.
2. When submitting a plan amendment proposal, please print a completed copy of **Form 1** on light **green paper if available**.
3. **Text:** Submittal of a proposed amendment to the text of a comprehensive plan or land use regulation must **include the text** of the amendment and any other information necessary to advise DLCD of the effect of the proposal. "Text" means the specific language proposed to be amended, added to or deleted from the currently acknowledged plan or land use regulation. A general description of the proposal is not adequate. **Please submit Form 1 with ALL supporting documentation.**
4. **Maps:** Submittal of a proposed map amendment must also include a map of the affected area showing existing and proposed plan and zone designations. The map must be legible, in color if applicable and printed on paper no smaller than 8½ x 11 inches. Please provide the specific location of property: include the site address (es) and Township/Range/Section/tax lot number. Include text regarding background, justification for the change, and the application if there was one accepted by the local government.
5. **Exceptions:** Submittal of proposed amendments that involve a goal exception must include the proposed language of the exception.
6. Unless exempt by [ORS 197.610\(2\)](#), proposed amendments must be submitted to DLCD's Salem office at least 35 days before the first evidentiary hearing on the proposal. The 35 days begins the day of the postmark, or, if submitted by means other than US Postal Service, on the day DLCD receives the proposal in the Salem Office. The first evidentiary hearing is typically the first public hearing held by the jurisdiction's planning commission on the proposal.
7. Submit **one paper copy** of the proposed amendment including the text of the amendment and any supplemental information and maps (for maps see # 4 above).
8. Please mail the proposed amendment packet to:

**ATTENTION: PLAN AMENDMENT SPECIALIST
DEPARTMENT OF LAND CONSERVATION AND DEVELOPMENT
635 CAPITOL STREET NE, SUITE 150
SALEM, OREGON 97301-2540**

9. **Need More Copies?** Please print forms on **8½ x11 green paper if available**. If you have any questions or would like assistance, please contact your DLCD regional representative or contact the DLCD Salem Office at (503) 373-0050 x238 or e-mail plan.amendments@state.or.us.