COLUMBIA COUNTY
Land Development Services

ST. HELENS, OR 97051
230 Strand St.
Direct (503) 397-1501
www.co.columbia.or.us

OFFICIAL USE ONLY

File No.: 192-26-000187-PLNG-01 TA-26-187
Fee Paid: $ 0 Receipt No.: _____
App. Received by: Amy H.
Zoning: N14 Date Rcvd.: 9/22/26

ORDINANCE TEXT AMENDMENT APPLICATION

TYPE OF TEXT AMENDMENT: ☐ *ZONING ORDINANCE* ☐ *SUBDIVISION & PARTITIONING ORDINANCE*
☐ *MODIFICATION OF A POST ACKNOWLEDGEMENT PLAN AMENDMENT (PAPA) ORDINANCE*
☑ *OTHER:* Comprehensive Plan Text Amendment (TA)

APPLICANT:
NAME: Columbia County LDS
Kate J. McGuire, Planning Director
MAILING ADDRESS: 230 Strand St
CITY: St. Helens
STATE: Oregon ZIP: 97501
DAYTIME PHONE: 503-397-7216
EMAIL: kate.mcguire@columbiacountyor.gov
SIGNATURE: _____

APPLICANT:
NAME: _____
MAILING ADDRESS: _____
CITY: _____
STATE: _____ ZIP: _____
DAYTIME PHONE: _____
EMAIL: _____
SIGNATURE: _____

AGENT:
(If Other than Applicant)
NAME: _____
MAILING ADDRESS: _____
CITY: _____
STATE: _____ ZIP: _____
DAYTIME PHONE: _____
EMAIL: _____
SIGNATURE: _____

OTHER:
(Specify: _____)
NAME: _____
MAILING ADDRESS: _____
CITY: _____
STATE: _____ ZIP: _____
DAYTIME PHONE: _____
EMAIL: _____
SIGNATURE: _____

I. PROPOSED TEXT AMENDMENT:
Please provide a copy the text of the Ordinance you would like to amend. A copy of the Ordinance you wish to amend can be located on the Land Development Services, PLANNING website, https://www.columbiacountyor.gov/departments/LandDevelopment/Planning or by contacting the planning department at planning@columbiacountyor.gov.

Please clearly indicate the proposed amendments by ~~strikeouts~~ (for deletions) and ***bold-italicized*** text (for additions) on the copy of that section of the text. Please also include a "clean copy" of the proposed text amendment(s) in an attachment labeled "***Exhibit A***". This text should read as the final version of proposed text will read.

II. DECISION CRITERIA FOR TEXT AMENDMENTS:

Please present findings and evidence to demonstrate that the proposed text is consistent with the applicable provisions of the Columbia County Comprehensive Plan, Oregon Revised Statutes (ORS), and (OAR) Administrative Rules. Please label these findings "***Exhibit B***" and any subsequent related evidence as "***Exhibit B-1***"... "***Exhibit B-2***"... "***Exhibit B-3***"... etc.

III. CERTIFICATION

*** I HEREBY CERTIFY THAT ALL OF THE ABOVE STATEMENTS, AND ALL OTHER SUPPORTING DOCUMENTS SUBMITTED, ARE ACCURATE AND TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.*

SIGNATURE OF SUBMITTER: _____ **DATE:** 9/22/2024

ONCE YOUR APPLICATION HAS BEEN FILLED OUT COMPLETELY, PLEASE SUBMIT TO COLUMBIA COUNTY LAND DEVELOPMENT SERVICES AND PAY THE ASSOCIATED FEE. YOUR FILE WILL BE ASSIGNED TO A PLANNER WHO WILL REVIEW THE APPLICATION FOR COMPLETENESS WITHIN 30 DAYS OF PAYMENT OF THE APPLICATION FEE. IF THERE ARE ANY MISSING ITEMS THAT ARE REQUIRED TO BE ADDRESSED, THE PLANNER WILL SEND YOU A LETTER ADVISING WHAT INFORMATION IS DEFICIENT AND NECESSARY TO BE SUBMITTED IN ORDER TO MOVE FORWARD WITH REVIEW OF YOUR APPLICATION.

PLEASE SEE FOLLOWING PAGES FOR ADDITIONAL INFORMATION AND INSTRUCTIONS ON COMPLETING YOUR APPLICATION AND PREPARING YOUR SITE PLAN.

***** IMPORTANT*****

All submitted information is clear, legible, and can be reproduced in black and white. All written information should be in pen or ink, on 8.5" x 11" or 8.5" x 14" paper.

IF YOU HAVE QUESTIONS, PLEASE CONTACT THE PLANNING DEPARTMENT

planning@columbiacountyor.gov