

FORM 3 DLCD Notice of Denial/Withdrawal

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For DLCD Use Only

THIS FORM **MUST BE MAILED** TO DLCD
WITHIN 5 WORKING DAYS AFTER THE FINAL DECISION
PER ORS 197.610, OAR CHAPTER 660 - DIVISION 18

Jurisdiction: _____ Local file number: _____
Date of Withdrawal/Denial: _____ Date Mailed: _____
Date original Notice of Proposed Amendment (Form 1) was mailed to DLCD: _____

- Comprehensive Plan Text Amendment
- Land Use Regulation Amendment
- New Land Use Regulation
- Comprehensive Plan Map Amendment
- Zoning Map Amendment
- Other: _____

Summarize the proposed amendment. (Write a brief description of the proposed amendment)

The Proposal was: Denied Withdrawn

Briefly state reason for Denial or Withdrawal:

Local Contact: _____ Phone: () - _____ Extension: _____
Address: _____ Fax Number: - - _____
City: _____ Zip: _____ E-mail Address: _____

Please send this form to the following address:

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

DLCD file No. _____

updated 9/25/2006