

CITY OF NAPAVINE COMMUNITY DEVELOPMENT DEPARTMENT

PO Box 810, 407 Birch Ave SW
98565

(360) 262-9344 Napavine, WA
FAX: (360) 262-9199

APPLICATION FOR AMENDMENT GENERAL ZONING

Rezone or Amendment to Zoning Regulations

Fee: \$1,000.00*

Comprehensive Plan Amendment

Resource land Opt-in Application (no fee)

*more than 10 hours of staff review for rezone request will require an additional hourly fee @ \$55.00/hour. All other additional costs assessed at actual cost.

Applications Accepted September 1 through December 31

SUBMITTAL REQUIREMENTS:

- Completed application form
- Legal Description (for site specific amendments)
- Three site maps, no larger than 11" x 17", clearly labeled, and reproducible in black and white, showing the following features:
 - a. property boundaries showing existing land use designation and zoning.
 - b. property boundaries showing the proposed land use designation and zoning.

c. all natural and built features (such as roads, streams, buildings, slopes, fences, etc.) as well as adjacent properties and their uses.

Application Fee \$1,000

For office use only
Permit Tech _____

PLEASE TYPE OR PRINT

1. Applicant (see page 5 if more than one applicant):

Name _____

Address _____

Telephone Home(_____) _____ Cell(_____) _____

Email _____

2. Contact Person (if other than the applicant):

Name _____

Address _____

Telephone Home(_____) _____ Cell(_____) _____

Email _____

3. Assessors Tax Parcels: _____

4. Location of property:

Quarter Section _____, Section _____, Township _____ North, Range _____

Location (road name/city): _____

Is the property within an Urban Growth Area? Yes _____ No _____ If yes, which jurisdiction? _____

5. Total acreage of the parcel(s): _____

6. Signatures:

I/We the undersigned, do hereby affirm and certify, under penalty of perjury, that I am/We are the owner(s) under contract of the described property, and that all statements contained in, or attached to, this application are in all respects true and accurate to the best of our knowledge.

Signature

Date

Signature

Date

PLEASE ANSWER THE FOLLOWING QUESTIONS, ATTACH AN ADDITIONAL SHEET IF NECESSARY

A. Identify the land uses surrounding the property affected, and describe how the proposed change would affect those surrounding land uses:

B. Explain why the existing land use/zoning designation is not appropriate:

C. How have the conditions changed so that the proposed designation is more appropriate than the existing designation?

D. Explain why additional land of the proposed designation is needed in Lewis County, and why it is needed at the location proposed:

E. If the property is in the rural area (outside of an Urban Growth Area), demonstrate with appropriate data, how the rural density standards have been met:

F. Explain why the change is needed. What issue or problem is resolved by the proposed change?

G. How would the proposed change serve the interests of not only the applicant, but the public as a whole?

J. TEXT AMENDMENTS ONLY: Most, but not necessarily all, text amendments are legislative changes; they can be processed only with the consent of the Lewis County Board of Commissioners. If a text amendment is proposed, identify the chapter and page number of the text to be changed, and provide the exact wording changes proposed.

Chapter:_____ Page:_____ Section:_____

ADDITIONAL APPLICANT'S PAGE

Please have every party who wishes to join this application provide the following information and sign below. You may attach additional sheets if necessary.

Applicant:

Name _____

Address _____

Telephone Home(_____) _____ Work(_____) _____

Tax Parcel(s): _____

Applicant:

Name _____

Address _____

Telephone Home(_____) _____ Work(_____) _____

Tax Parcel(s): _____

Applicant:

Name _____

Address _____

Telephone Home(_____) _____ Work(_____) _____

Tax Parcel(s): _____

Applicant:

Name _____

Address _____

Telephone Home(_____) _____ Work(_____) _____

Tax Parcel(s): _____

Applicant:

Name _____

Address _____

Telephone Home(_____) _____ Work(_____) _____

Tax Parcel(s): _____

Signatures:

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Signature _____ Date _____

Signature _____ Date _____