



# Zoning Map/Text Amendment Application

Community Development Department  
 3100 Belmont Blvd. Suite 104, West Richland, WA 99353  
 509-967-5902 Fax 509-967-2419 Inspection Line 967-3518

PROPERTY OWNER INFORMATION		<input type="checkbox"/> Contact Person
Owner:		
Address:		
Phone:	Email:	

APPLICANT/CONTRACTOR INFORMATION (if different)		<input type="checkbox"/> Contact Person
Company:	UBI#	
Contact:		
Address:		
Phone:	Email:	

DESCRIPTION OF WORK

PROPERTY INFORMATION		
Parcel #:		
Legal Description:		
Current Zoning:	Current Comp Plan:	<b>Requested Zoning:</b>
Current Use:	Proposed Use:	Area of Property:

APPLICATION MUST INCLUDE:
<ol style="list-style-type: none"> <li>1. Rezone criteria (page 2) of this application - N/A for text amendments.</li> <li>2. SEPA Checklist.</li> <li>3. Title Insurance company certificate - N/A for text amendments.</li> <li>4. Any other information the Community Development Director deems necessary to determine compliance with applicable codes.</li> </ol>

ANSWER QUESTIONS AS COMPLETELY AS POSSIBLE
The unique characteristics, if any, of the property or circumstances of the owner:
Any hardship that may result in the event the rezone is not granted:
The manner in which the proposed rezone conforms to patterns in adjacent zones:

Any beneficial or adverse effects the granting or denial of the rezone would have on adjacent or surrounding zones:

Any beneficial or adverse effects the granting or denial of the rezone would have in relation to the overall purpose and intent of the comprehensive plan and this title:

The benefits of detriments accruing to the city which would result from the granting or denial of this special permit:

Whether the proposed rezone represents a better use of the land from the standpoint of the comprehensive plan than the original zone:

Whether the proposed rezone represents spot zoning and whether a larger area should be considered:

Identify impacts on the environment and public safety:

I authorize employees and officials of the City of West Richland the right to enter and remain on the property in question to determine whether a permit should be issued and whether special conditions should be placed on any issued permit. I have the legal authority to grant such access to the property in question.

I also acknowledge that if a permit is issued for land development activities, no terms of the permit can be violated without further approval by the permitting entity. I understand that the granting of a permit does not authorize anyone to violate in any way any federal, state, or local law/regulation pertaining to development activities associated with a permit.

I hereby certify under penalty of perjury under the laws of the State of Washington that the following is true and correct:

1. I have read and examined this permit application and have documented all applicable requirements on the site plan.
2. The information provided in this application contains no misstatement of fact.
3. I am the owner(s), the authorized agent(s) of the owner(s) of the above referenced property, or I am currently a licensed contractor or specialty contractor under Chapter 18.27 RCW or I am exempt from the requirements of the Chapter 18.27 RCW.
4. I understand this permit is subject to all other local, state, and federal regulations.

*Note: This application will not be processed unless the above certification is endorsed by an authorized agent of the owner(s) of the property in question and/or the owner(s) themselves. If the City of West Richland has reason to believe that erroneous information has been supplied by an authorized agent of the owner(s) of the property in question and/or by the owner(s) themselves, processing of the application may be suspended.*

Applicant Printed Name: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date \_\_\_\_\_