



**RECLASSIFICATION / REZONE  
with  
COMPREHENSIVE PLAN AMENDMENT  
APPLICATION FORM**

**APPLICATION FEE: \$ 700.00 (reclassification/rezone)  
plus \$700.00 (comprehensive plan update)**

Date: \_\_\_\_\_

**APPLICANT INFORMATION:**

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Address \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Relation of applicant to property (check one)

Owner  Contract Purchaser  Lessee  Other \_\_\_\_\_

**PROPERTY OWNER INFORMATION (IF DIFFERENT THAN APPLICANT INFORMATION):**

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Address \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

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• **FILL IN SECTIONS APPLICABLE TO YOUR ACTION**

Written narrative describing the proposed action and purpose of the application:

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**PROPERTY INFORMATION:**

1) Property Tax Account Number (14 Digits) \_\_\_\_\_  
Section \_\_\_\_\_ Township (typically 31N) \_\_\_\_\_ Range (typically 5E) \_\_\_\_\_

2) Property Tax Account Number (14 Digits) \_\_\_\_\_  
Section \_\_\_\_\_ Township (typically 31N) \_\_\_\_\_ Range (typically 5E) \_\_\_\_\_

Legal Description of Property: or \_\_\_\_\_ See Attached

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General Location of Property Including Nearest Intersection(s):

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Point(s) of Access to Property: \_\_\_\_\_

Street or Known Address of Property: \_\_\_\_\_

Present Use of Property: \_\_\_\_\_

Existing Uses of Immediately Adjacent Properties (Not Including Streets):

North \_\_\_\_\_ South \_\_\_\_\_

East \_\_\_\_\_ West \_\_\_\_\_

Number of Parking Spaces Required: \_\_\_\_\_ Number of Parking Spaces Provided: \_\_\_\_\_

Approximate Acreage: \_\_\_\_\_ Square Footage of Property: \_\_\_\_\_

Area of Conveyance (Square Footage): \_\_\_\_\_

Existing Zoning of Property:

\_\_\_\_\_ Residential \_\_\_\_\_ Commercial \_\_\_\_\_ Industrial \_\_\_\_\_ Other: \_\_\_\_\_

Existing Comprehensive Plan Designation of Property:

\_\_\_\_\_ Residential \_\_\_\_\_ Commercial \_\_\_\_\_ Industrial \_\_\_\_\_ Other: \_\_\_\_\_

Description of Surface Water: \_\_\_\_\_

Source of Water Supply: \_\_\_\_\_ Town Municipal Water \_\_\_\_\_ Well \_\_\_\_\_ Other

Method of Sewage Disposal: \_\_\_\_\_

Are There Any Critical Areas On-Site? \_\_\_\_\_ Yes \_\_\_\_\_ No

If Yes, Please Describe: \_\_\_\_\_

Has the Site Been Logged in The Past 6 Years? \_\_\_\_ Yes \_\_\_\_ No

If Yes, Please Provide Forest Practice Permit Number: \_\_\_\_\_

Project Surveyor Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Date Survey on Property Was Conducted: \_\_\_\_\_

Project Engineer Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Project Architect Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Additional Information (attach additional sheets if necessary)

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**APPLICANT CERTIFICATION:**

I DO HEREBY CERTIFY THAT I HAVE FAMILIARIZED MYSELF WITH THE RULES AND REGULATIONS WITH RESPECT TO PREPARING AND FILING THIS APPLICATION AND THAT THE STATEMENTS AND INFORMATION SUBMITTED HERewith ARE IN ALL RESPECTS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

**OWNERSHIP CERTIFICATION:**

I DO HEREBY CERTIFY THAT I AM THE MAJOR PROPERTY OWNER OR AN OFFICER OF THE CORPORATION OWNING THE SUBJECT PROPERTY, AND I WILL ABIDE BY ANY REQUIREMENTS AND CONDITIONS THAT MAY BE PART OF THE APPROVAL OF THIS REQUEST.

\_\_\_\_\_  
Property Owner/Officer's Signature

\_\_\_\_\_  
Date

Corporation Name, if Officer: \_\_\_\_\_

STATE OF WASHINGTON)

) ss

COUNTY OF SNOHOMISH

On this, the \_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_ before me personally appeared \_\_\_\_\_, known to me to be the same person whose name is subscribed to the within instrument and acknowledged that he/she voluntarily executed the same for the purpose therein contained.

In witness whereof, I hereunto set my hand and official seal.

\_\_\_\_\_  
Notary Public in and for the State of  
Washington Residing At \_\_\_\_\_  
My Appointment Expires: \_\_\_\_\_

All other property owners of the subject property must be listed below