CITY OF LACEY
Community & Economic Development Department
420 College Street SE
Lacey, WA 98503
(360) 491-5642

REZONE APPLICATION

OFFICIAL USE ONLY

Case Number: _____
Date Received: _____
By: _____

Related Case Numbers:
_____
_____

OWNER NAME: _____

MAILING ADDRESS: _____

CITY, STATE, ZIP: _____

TELEPHONE: _____

_____ DATE: _____

_____ DATE: _____

_____ DATE: _____

_____ DATE: _____

SIGNATURE(S)

I (We), the above-signed, do hereby affirm and certify, under penalty of perjury, that I/we am/are one (or more) of the owner(s) under contract of the below described property and that the following statements and answers are in all respects, true and correct on my information and belief as to those matters.

APPLICANT NAME: _____

MAILING ADDRESS: _____

CITY, STATE, ZIP: _____

TELEPHONE: _____

SIGNATURE: _____ **DATE:** _____

ENGINEER/ARCHITECT NAME: _____

MAILING ADDRESS: _____

CITY, STATE, ZIP: _____

TELEPHONE: _____

SIGNATURE: _____ **DATE:** _____

AUTHORIZED REPRESENTATIVE: _____

MAILING ADDRESS: _____

CITY, STATE, ZIP: _____

TELEPHONE: _____

SIGNATURE: _____ **DATE:** _____

NAME OF PROJECT: _____

SUMMARY OF REQUEST (List Type of Uses): _____

_____

_____

PROPERTY LOCATION

[ ]North [ ]South [ ]East [ ]West Side of _____ **between** _____
(ROAD NAME)

and _____
(ROAD NAME)

Property Address: _____

Section: _____ **Township:** ____ **Range:** _____ **Assessor's Parcel Number:** _____

Full legal description of subject property: _____
(ATTACH SEPARATE SHEET IF NECESSARY)

_____

_____

TOTAL SQUARE FOOTAGE OF THE REZONE AREA:

How does the rezone request conform to the Comprehensive Plan? _____

_____

_____

_____

_____

ACCURATE SITE PLAN DRAWN IN INK TO SCALE WITH DIMENSIONS MUST BE SUBMITTED ALONG WITH THE APPLICATION. PLEASE SHOW THE FOLLOWING:

1. Location of proposed uses, buildings, parking areas, landscaping areas, ingress, egress, etc.
2. Location of all existing uses and structures on the property, with distances from property lines.
3. Major physical features of the property to be rezoned.
4. Barscale and north arrow.

PLEASE ANSWER THE FOLLOWING QUESTIONS

What is the relationship between the proposed use of the land to be rezoned and the surrounding land use? (i.e., Is your proposed use of land significantly different than existing land uses surrounding your property?) Please Explain:_____

_____

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_____

Why is the property not usable as presently zoned, including the events that led you to this conclusion? _____

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How would the proposed zone change be in the interests of not only the applicant but also the surrounding properties and the public as a whole?_____

_____

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ADJACENT PROPERTY OWNERS LIST

PROJECT:_____

PLEASE SUBMIT AN ADJACENT PROPERTY OWNERS MAILING LIST
Include all property owners within 300 feet of exterior boundary of the property involved.

Addresses are to be obtained from:
Office of County Assessor, Bldg #1, First Floor. Phone: 786-5410

*** * * Please be sure to also include the mailing information for the:**
OWNER, APPLICANT, ENGINEER/ARCHITECT & REPRESENTATIVE.

SEE EXAMPLE BELOW

SAMPLE Joe Jones PO Box 1900 Lacey, WA. 98503