

**CITY OF DEER PARK  
DEER PARK MUNICIPAL CODE CHAPTER 18.100**

**APPLICATION FOR  
CHANGE OF ZONE**

Date Received: \_\_\_\_\_ File Number: \_\_\_\_\_  
Date Accepted: \_\_\_\_\_ By: \_\_\_\_\_  
Total Fees: \_\_\_\_\_ Receipt Number: \_\_\_\_\_

**A. GENERAL INFORMATION**

Name of Applicant: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**If the applicant is not the property owner, include written authorization from the owner for the applicant to serve as the owner's representative.**

Name of Legal Owner: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Site Area of Proposed Zone Change (Acres or Square Feet): \_\_\_\_\_

Area of Adjacent Lands Owned or Controlled: \_\_\_\_\_

Assessor's Parcel Numbers of Proposed Zone Change: \_\_\_\_\_

Assessor's Parcels of Adjacent Lands Owned or Controlled: \_\_\_\_\_

Street Address of Proposed Zone Change: \_\_\_\_\_

Existing Comprehensive Plan Designation: \_\_\_\_\_

Existing Zoning: \_\_\_\_\_

Proposed Zoning: \_\_\_\_\_

Existing Use of Property: Single Family \_\_\_\_; Manufactured Home \_\_\_\_;  
Duplex \_\_\_\_; Multifamily \_\_\_\_; Commercial \_\_\_\_; Industrial \_\_\_\_;  
Other (Describe) \_\_\_\_\_

Proposed Use of Property: Single Family \_\_\_\_; Manufactured Home \_\_\_\_;  
Duplex \_\_\_\_; Multifamily \_\_\_\_; Commercial \_\_\_\_; Industrial \_\_\_\_;  
Other (Describe) \_\_\_\_\_

List Previous City Actions Involving This Property: \_\_\_\_\_

**B. OTHER INFORMATION AND SUPPORTIVE EXPLANATIONS**

Location of Proposed Zone Change: \_\_\_\_\_

Section: \_\_\_\_\_ Township: \_\_\_\_\_ Range: \_\_\_\_\_

Name of Public Street(s) Providing Access: \_\_\_\_\_

Width of Property Fronting on Public Street(s): \_\_\_\_\_

Legal Description (attach legal description of all property to be rezoned, stamped by a Licensed Surveyor): \_\_\_\_\_  
\_\_\_\_\_

Proposed Source of Water: Public System \_\_\_\_; Private System \_\_\_\_;  
Other (Describe) \_\_\_\_\_

Proposed Means of Sewage Disposal: Public System \_\_\_\_; Septic Tank and Drainfield \_\_\_\_; Other (Describe) \_\_\_\_\_

Utility Companies Providing Service to This Project:

Electricity: \_\_\_\_\_ Phone: \_\_\_\_\_

Natural Gas: \_\_\_\_\_ Other: \_\_\_\_\_

1. If you do not hold title to the property, what is your interest in it? \_\_\_\_\_  
\_\_\_\_\_

2. Does the proposed zone change conform to the City's adopted Comprehensive Plan? Yes \_\_\_\_; No \_\_\_\_; If "no", the zone change application shall be preceded by an application to amend the Comprehensive Plan (See Part C).

3. Explain why you feel the proposed zone change is warranted: \_\_\_\_\_  
\_\_\_\_\_

4. What impact will the proposed zone change have on adjacent properties? \_\_\_\_\_  
\_\_\_\_\_

5. What factors support the zone change? \_\_\_\_\_  
\_\_\_\_\_

6. What measures do you propose to mitigate the project's impacts on surrounding land uses? \_\_\_\_\_  
\_\_\_\_\_

### **C. APPLICATION MATERIALS -- FROM DPMC CHAPTER 18.100**

- Applications shall contain all required information relevant to the proposed action, including but not limited to maps, drawings to scale of land and buildings, dimensions, descriptions, and data necessary to demonstrate that the proposed zone change is in conformance with the maps and other guidelines provided in the Comprehensive Plan. Where an application is not in conformance with the Comprehensive Plan, a concurrent application for a Comprehensive Plan amendment shall also be made.
- The application shall be accompanied by a State Environmental Policy Act (SEPA) checklist, including a review and analysis of the comprehensive impacts of the proposed change of zone.

- The application shall be accompanied by a location map showing the change of zone site and all properties within 300 feet thereof. If any property contiguous to the property proposed for zone change is owned by the same person or entity as the zone change site, properties within 300 feet of that property owned by the zone change applicant shall also be mapped.
- The application shall be accompanied by a list, certified by a title company, of the names and addresses of all adjacent property owners of record within 300 feet of the zone change property. If any property contiguous to the property proposed for zone change is owned by the same person or entity as the zone change site, property owners within 300 feet of that property owned by the zone change applicant shall also be on the certified list of owners names and addresses.
- Estimated time period expected for complete development of the zone change and project associated therewith (from zone change application through construction permits and final project implementation): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**NOTE: If properties proposed for a change of zone are not contiguous, each site requires a separate application.**

**D. APPLICANT/PROPERTY OWNER AUTHORIZATION**

**NOTE: When multiple properties are proposed for a change of zone, the owners of at least 51 percent of such properties shall sign applicant/property owner authorization forms.**

I, the undersigned, swear or affirm, under penalty of perjury, that the above responses are made truthfully and to the best of my knowledge. I further swear or affirm that I am the owner of record of the area proposed for the change of zone identified herein or, if not the owner, attached herewith is written permission from the owner authorizing my actions on his/her behalf.

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

Name (Print): \_\_\_\_\_

Address: \_\_\_\_\_

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

State of Washington )

SS

County of Spokane )

Signed and sworn or affirmed before me on this \_\_\_\_\_ day of

\_\_\_\_\_, by \_\_\_\_\_

Notary Seal

\_\_\_\_\_  
Notary Public in and for the State of Washington

Residing at: \_\_\_\_\_

My Appointment Expires: \_\_\_\_\_

**E. VERIFICATION OF PRELIMINARY CONSULTATION**

This section of the application will provide City staff with written verification that the applicant has had preliminary consultation with the agencies identified. Results of the preliminary consultation shall be incorporated into the proposed project before acceptance of the application for processing by the City.

**Water Purveyor:** Satisfactory arrangements for domestic water and fire flow requirements have \_\_\_ have not \_\_\_ been made. Comments and requirements: \_\_\_\_\_  
\_\_\_\_\_

Signature and Title: \_\_\_\_\_ Date: \_\_\_\_\_

**Fire Department:** Satisfactory arrangements for fire protection and fire flow requirements have \_\_\_ have not \_\_\_ been made. Comments and requirements: \_\_\_\_\_  
\_\_\_\_\_

Signature and Title: \_\_\_\_\_ Date: \_\_\_\_\_

**Sewer Purveyor:** A preliminary discussion has taken place and general requirements for the provision of public sewer are understood by the applicant. Comments and requirements: \_\_\_\_\_  
\_\_\_\_\_

Signature and Title: \_\_\_\_\_ Date: \_\_\_\_\_

**City Engineer:** A preliminary discussion has taken place and general requirements for streets and drainage have been discussed with the applicant. Comments and requirements: \_\_\_\_\_  
\_\_\_\_\_

Signature and Title: \_\_\_\_\_ Date: \_\_\_\_\_

**Health District:** A preliminary discussion has taken place and general requirements for submittal of this proposal have \_\_\_ have not \_\_\_ been made. Comments and requirements: \_\_\_\_\_  
\_\_\_\_\_

Signature and Title: \_\_\_\_\_ Date: \_\_\_\_\_