Zoning Code Amendment / Rezone
Supplemental Information Form

** This form must accompany a General Land Use Application. **

Existing zoning classification of the property(ies) in question:

______________________________

Existing Comprehensive Plan designation of the property(ies) in question:

______________________________

Physical description of the property(ies):

______________________________

______________________________

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______________________________

Explain in detail the proposed zoning code amendment proposal:

______________________________

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Do you own the property(ies) in question:  ☐ Yes  ☐ No, If no, what is the applicants interest in the property(ies):

______________________________

______________________________

What are the change in conditions of the area which you warrant this amendment proposal:

______________________________

______________________________

______________________________

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______________________________

What effect will the proposed zone amendment have on adjacent properties:

______________________________

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______________________________

What will be the effect upon the applicant if the zoning code amendment:

______________________________

______________________________

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______________________________

**** Continued on the reverse side ****
LANDOWNER/AGENT
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 previously identified land use action, or if not the owner, attached herewith is written permission from the owner authorizing my action on his/her behalf.

Name (Please Print) __________________________________________ Date ________________

Address: ________________________________
(Please include Street Address, City, State, Zip Code)

Phone: (______) ________-_____________

Signature of Applicant/Representative __________________________________________ Date ________________

State of Washington )
County of Spokane ) SS: ____________________________

Signed and sworn or affirmed before me on this _________ day of ________________ 20_____ by: __________________________________________.

On this _________ day of __________, 20_____, before me, a Notary Public in and for the State of Washington, duly commissioned and sworn, personally appeared ______________________, a person known to me to be the individual who executed the within and forgoing instrument, and acknowledged that they signed the same as their free and voluntary act and deed, for the uses and purposes therein mentioned.

IN WITNESS WHEREOF I have hereunto set my hand and official seal the day and year first above written.

Notary Seal

Notary Public in and for the State of Washington
Residing at: __________________________________________
My appointment expires: ____________________________