

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):
Explain in detail the proposed zoning code amendment proposal:
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:
What effect will the proposed zone amendment have on adjacent properties:
What will be the effect upon the applicant if the zoning code amendment:
**** Continued on the reverse side ****

LANDOWNER/AGENT I, the undersigned, swear or affirm under penalt best of my knowledge. I further swear or af previously identified land use action, or if not authorizing my action on his/her behalf.	ffirm that I am the owner of record of the a	area proposed	for the
Name (Please Print)	Date		
Address:(Please include Street Address, City	(Ctata - Zin Codo)		
	r, State, Zip Gode)		
Phone: (
Signature of Applicant/Representative	Date		
State of Washington)) SS: County of Spokane)			
Signed and sworn or affirmed before me	on this day of	20	by:
On this day of	 , 20, before me, a Notary Public in	n and for the S	tate of
Washington, duly commissioned and sworn, pe	ersonally appeared	, a person kn	own to
me to be the individual who executed the within	in and forgoing instrument, and acknowledge	d that they sign	ed the
same as their free and voluntary act and deed,	for the uses and purposes therein mentioned.		
IN WITNESS WHEREOF I have hereunto set m	ny hand and official seal the day and year first	above written.	
Notary Seal			
	Notary Public in and for the State of Washing	gton	
	Residing at:		
	My appointment expires:		