



CITY OF SUMAS
Public Works Department
Change of Zoning or Classification Application

The following information or material is required with all general binding site plan applications. If any of this information is missing or incomplete, processing of the application will not begin.

Complete application form

Filing fee of **\$500** -Includes eight hours of staff time; additional billed actual

Completed SEPA checklist (non-refundable fee of **\$250** may apply for Review/ Determination)

****Fee Schedule established in Section 3.030.010 SMC**

A map showing the proposed change(s) in zone district boundaries and/or classifications, in relation to existing tax parcel boundaries as recorded at the office of the Whatcom County Assessor. If the map is larger than 11" x 17", submit 3 copies.

Self-adhesive address labels preaddressed to the latest recorded real property owners within three hundred feet (300') of the property affected by the application, as shown by the records of the Whatcom County Assessor

Applicant(s) Name(s): _____

Single entity and address to which the City will mail all notices and determinations:

Phone: _____ Fax: _____

Address of Affected Property: _____

Assessor's tax parcel number for affected property: _____

Legal Description of affected property (attach separate page if necessary):

Current use of property: _____

Current zone district classification of property: _____

Requested zone district classification of property: _____

Is the requested zoning consistent with the zone districts established in the map of proposed future zoning (MAP 7) in the City of Sumas Comprehensive Plan? Yes No

If you answer "no" to the question above, then your application will involve an amendment tot the comprehensive plan as well as a change in zone district classification. The City is prohibited by law from

considering amendments to the comprehensive plan more frequently than once per year (RCW 36.70A.130(2)). Your request must therefore be docketed for consideration with all other pending requests. In support of your request, provide the following information on a separate sheet:

1. Describe how the requested zoning will nevertheless be harmonious and consistent with the City of Sumas Comprehensive Plan. Make reference to specific goals, policies, and objectives established within the plan.
2. Describe how the requested zoning will be compatible with surrounding uses.
3. Describe any errors of fact or reasoning that pertain to the zoning established for the affected property within the existing comprehensive plan.
4. Describe any changed circumstances that pertain to the property that justify a change in zoning.

DECLARATION:

I (we) the undersigned hereby declare under penalty of perjury that:

- a. The property affected by this application is exclusively owned by the applicant(s) or has been submitted with the consent of all owners of the affected property;
- b. The project permit application materials contain no known misrepresentation of fact or proposed action or design that, if completed would result in a structure, improvement, lot or condition in violation of the Sumas Municipal Code; and

Signature of Applicant(s): _____

Date of Submittal: _____

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FOR OFFICE USE ONLY BELOW THIS LINE

Date of Notice of Completion to Applicant (mailed): _____

Date of Notice of Application to the Public (mailed, published): _____

Date of Close of Comment Period: _____

Date of Administrator's Decision: _____

Date of Notice of Decision to Public (mailed, published): _____