

ZONING CODE TEXT AMENDMENT APPLICATION
Case # _____



115 RAMSDELL STREET • FIRCREST, WASHINGTON 98466-6999 • (253) 564-8901 • FAX (253) 566-0762

Background Information

Applicant _____ Phone _____

Fax # _____ e-mail _____

Mailing Address _____ City _____ State _____ Zip _____

Contact person (if different from applicant) _____ Phone _____

Fax # _____ e-mail _____

Mailing Address _____ City _____ State _____ Zip _____

Property owner (if different from applicant) _____ Phone _____

Fax # _____ e-mail _____

Mailing Address _____ City _____ State _____ Zip _____

Project Engineer/Land Surveyor _____ Phone _____

Fax # _____ e-mail _____

Mailing Address _____ City _____ State _____ Zip _____

Project Description

Zoning Classification Proposed to be Amended _____

Describe the specific text to be added or deleted (attach existing ordinance language):

Explain the purpose and necessity for the text amendment and how the general public will benefit by the proposed change _____

Describe how the proposed text amendment would effect the future development of parcels subject to the _____ zoning classification _____

Explain how the proposed text amendment would be consistent with the City's Comprehensive Plan _____

Legal Description of Property Involved in this Request

Lot(s) _____ Block(s) _____ Subdivision _____

Note: If the property is not platted, provide a complete legal description and parcel number for each parcel or tract within the project site, obtained from a Title company or the Pierce County Assessor-Treasurer. If the project site is large and contains several lots or tracts and different ownerships, do not attempt to write an overall legal description. Outlining the project site on a current print of an Assessor's Map will be sufficient.

If more space is needed attach additional 8-1/2" x 11" sheets to this form.

I/We _____, hereby attest that I/We am/are a property owner(s) or officer of a corporation owning property involved in this request and that I have familiarized myself with the rules and regulations of the City of Fircrest, with respect to preparing and filing this application and hereby give consent to this application and that the foregoing statement, answers and information submitted in behalf of this application are in all respects true and correct, to the best of my knowledge and belief.

Name of individual, corporation or company

Signature

Address

City, State, Zip

For Staff Use Only

Application filed on _____ 20__ By _____

Application Request	Intake Fee	Deposit Fee
Zoning Code Text Amendment	\$450.00	\$1,800.00

Received by _____ Fees paid _____ Receipt # _____