



ZONING CODE AMENDMENT FORM

Date Submitted: Accepted By: Receipt No. File No.

APPLICANT INFORMATION

Applicant:

Mailing Address:

Contact No.

E-mail Address:

Complete following sections if an agent is acting for the applicant during the review process:

Authorized Agent:

Mailing Address:

Contact No.

E-mail Address:

REQUEST INFORMATION

Section(s) of Wenatchee City Code to be amended:

Requested new zoning text:

If proposing a text revision and/or deletion please attach a version of the amended text showing added text with underlined and deleted text with strikethrough.

Please attach a narrative to this request that describes the intent and reason for the proposed amendment including how it is consistent with the Growth Management Act (RCW 36.70A), countywide planning policies, the City of Wenatchee Capital Facilities Plan, the Wenatchee Urban Area Comprehensive Plan goals and policies, any applicable sub-area plans, and how the amendment is in the best interest of the public.

An environmental checklist prepared pursuant to the State Environmental Policy Act (SEPA) is required to be submitted as part of this request.

ACKNOWLEDGEMENT AND SIGNATURE

I acknowledge that:

1. The information, plans, maps, and other materials submitted on an with this application are, to the best of my knowledge, a true and accurate representation of this proposal;
2. City of Wenatchee does not guarantee success of this request, and/or the issuance of an affirmative notice of action. The City's assistance to the applicant(s)/owner(s) does not preclude the need to address impacts raised by the public or by other federal, state, or local agencies;
3. In the event of any legal proceeding to challenge this application, any environmental determination or any other aspect of the proposal, the applicant(s)/owner(s) shall be solely responsible to defend such challenge and pay all court costs and attorney's fees necessary for such defense;
4. All persons executing this acknowledgement in a representative capacity shall be personally liable and hereby personally guarantee payment of all fees and costs required by this application.

Applicant/Agent Signature:

Date: