Department of Community Development
Mailing Address: 152 W Cedar Street
Physical Address: 615 N. 5th Ave.
Sequim, WA 98382
Phone: (360) 683-4908
Fax: (360) 681-0552
www.sequimwa.gov

APPLICATION FOR AN AMENDMENT TO THE SEQUIM COMPREHENSIVE PLAN, OPTIMUM LAND USE MAP, OFFICIAL ZONING MAP AND DEVELOPMENT REGULATIONS (TITLES 17 & 18)

For Department Use Only – (Docket applications due by June 1)

Application Fee of $1,500.00 per application submittal plus consultant fee, if any; non-refundable

Receipt Number:

Date:

Clerk:

Application Number: _____

Associated Applications: _____

_____

_____

APPLICANT INFORMATION

Owner's Name: _____

Owner's E-mail Address: _____

Owner's Mailing Address: _____

Owner's Telephone: _____ Business Telephone: _____

Representative's Name: _____

Representative's E-mail Address: _____

Representative's Mailing Address: _____

Representative's Telephone: _____

Are there any critical areas; such as wetlands, critical wildlife habitat, steep slopes (greater than 15%), frequently flooded areas, irrigation ditches, streams and stream corridors? □ No □ Yes

If yes, attach the appropriate environmental analysis, if required by City staff.

Please check the appropriate Type of Amendment? □ Type 1 Amendment – (Map or Text Error)
□ Type 3 Amendment – (Text)

Please provide the existing Address, Legal Description and/or Parcel Number(s)?
Use and attach additional pages if necessary.

COMPREHENSIVE PLAN TEXT TO BE MODIFIED: *Please include Chapter and Pages Numbers and attach additional sheets of paper as needed.*

COMPREHENSIVE PLAN PROPOSED TEXT MODIFICATIONS: *Attach additional sheets if needed.*

COMPREHENSIVE PLAN OPTIMUM LAND USE MAP/OFFICIAL ZONING MAP ALTERATION: *Provide a vicinity map, assessor's tax parcel number and or subdivision lot number with property dimensions and acreage.*

COMPREHENSIVE PLAN OPTIMUM LAND USE MAP/OFFICIAL ZONING MAP ALTERATION:

1. ***Current Optimum Land Use Map Designation_____. Proposed_____.***
2. ***Current Official Zoning Map Designation_____. Proposed_____.***
3. ***Current Use of the Site_____. Proposed_____.***
4. ***Uses of adjacent property:***

(Please also provide a list obtained from the Clallam County Assessors office for all properties located within a 300-foot radius of the subject property).

HOW IS THE PROPOSED COMPREHENSIVE PLAN MODIFICATION OR RE-DESIGNATION/REZONE IN THE PUBLIC INTEREST?

HOW IS THE PROPOSED REVISION CONSISTENT WITH THE GOALS AND POLICIES OF THE COMPREHENSIVE PLAN?

******The City of Sequim Department of Community Development may require additional information necessary for decision making purposes. ******

I certify that the above information is true and correct to the best of my knowledge and accept responsibility for all claims and damages which may be occasioned to any other land or persons by actions authorized by the City of Sequim in relation to this Application for Amendment to the Sequim Comprehensive Plan, Optimum Land Sue Map, Official Zoning Map and Development Regulations (Titles 17 & 18).

Owner(s)	Date
Representative(s)	Date