

## Department of Community Development Planning Division

1350 McKittrick Street, Suite A Wenatchee, WA 98801 (509) 888-3200

## **COMPREHENSIVE PLAN AMENDMENT REQUEST FORM**

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Date Submitted:	Accepted By:	Receipt No.	File No.
Please select all th	at apply:		
Comprehensive	Plan Text Amendment		Comprehensive Plan Map Amendment
Comprehensive	Plan Map/Zone Change	e Amendment	
GENERAL INFORM	<u>ATION</u>		
Applicant:			
Mailing Address:			
Contact No.:		E-mail Address	:
If applying for a ma	ap amendment comple	ete owner inforn	nation:
Property Owner(s):			
Mailing Address:			
Contact No.:		E-mail Address	:
If there is more than o	ne property owner, submit	the supplemental	additional owner(s) and authorization form.
Complete section is	f an agent is acting for	the applicant o	r owner during the permit process:
Authorized Agent:			
Mailing Address:			
Contact No.:		E-mail Address	<b>:</b> :
Please indicate wh	o should receive corre	espondence and	I notices:
Applicant	Owner A	Authorized Agent	
PROPERTY INFOR	RMATION (complete if a	applying for a m	nap amendment)
Street Address(es):			
Parcel No(s).:			

Legal Description: (Attach a separate sheet if necessary)

Area of property in acres or square feet:

Zoning District Designation:

Overlay District:

Comprehensive Plan Designation:

Shoreline Environmental Designation:

Please attach a narrative to this request that addresses 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. Additionally, please include as part of the narrative: 1) a detailed statement explaining how the site is more consistent with the proposed land use designation than with the existing land use designation; 2) a statement explaining how the site is suitable for the proposed designation and that there is a lack of appropriately designated alternative sites in the vicinity; and 3) are public facilities, infrastructure and transportation systems present to serve the intended amendment or have provisions been made in accordance with the Wenatchee City Code to provide necessary facilities.

If a map amendment is being proposed please also include the following information: current use of the site and the adjacent land uses and comprehensive plan designations.

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

The submittal of this application will docket the requested change(s) for consideration during the annual amendment process. This office will compile and maintain a list of requested changes for consideration during the next available annual amendment of the comprehensive plan pursuant to the procedures described in the Wenatchee Zoning Code Chapter 10.05. Applications submitted after the close of business on April 1st of each calendar you are generally processed in the following year's amendment process.

## ACKNOWLEDGEMENTS 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 assisstance 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.

Date: Applicant Signature: