



GRANT COUNTY  
PLANNING DEPARTMENT  
P.O. BOX 37 - 264 WEST DIVISION AVENUE  
EPHRATA, WA 98823  
(509) 754-2011 EXT 2501

## ZONE CHANGE APPLICATION

Application Fee \$1,000

(With Comprehensive Plan Amendment \$300)

SEPA \$300

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### PART I PROCEDURES FOR APPLYING FOR A ZONE CHANGE

Prior to submittal of an application for a zone change; the applicant must meet with the Planning staff to discuss the scope of the proposal, how it conforms to the Comprehensive Plan, the general development program and objectives being proposed. This discussion will focus on the use of the property, overall design, development criteria and the procedures for processing the application.

All applications, unless otherwise provided for, will be accompanied by all of the required information specified by the Ordinance as well as the following application documents:

1. Application form
2. Petition with verified ownership signatures
3. Vicinity map
4. Site development plat which will show the following;
  - a. All existing and proposed structures, streets, easements and accesses.
  - b. All existing and proposed utility services
  - c. Parking areas, where applicable, open space areas and any natural features of the site.
  - d. Topography of the site if slopes exceed 10 percent
  - e. All dimensions of property lines, setbacks of buildings from property lines, north point, scale and date of drawing. (need not be done by a licensed surveyor or engineer)
  - f. SEPA Environmental checklist

**PART II**  
**ZONE CHANGE APPLICATION**

*All requested information shall be provided - use black ink or type for photocopying purposes*

**Application Fee** \$1,000                      With Comprehensive Plan Amendment \$300                      **SEPA** \$300

Legal Owner's Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ (Work) \_\_\_\_\_ (Fax) \_\_\_\_\_

*Include written owner authorization for the designated contact to serve as a representative.*

Owner's Designated Contact: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ (Work) \_\_\_\_\_ (Fax) \_\_\_\_\_

Project/Proposal Site Area: (Acres or sq. ft.) \_\_\_\_\_

Assessor Tax Parcel No.(s) of Proposal Site: \_\_\_\_\_

Adjacent Area Owned or Controlled: (Acres or sq. ft.) \_\_\_\_\_

Assessor Tax Parcel No.(s) of Adjacent Land Owned or Controlled: \_\_\_\_\_

Street Address of Proposed Site (if any): \_\_\_\_\_

Describe Existing Use(s) on Proposed Site: (Such as buildings, well, sewer drainfield and others)

Existing Zone Classifications: \_\_\_\_\_

Proposed Zone Classification: \_\_\_\_\_

Comprehensive Plan Category: \_\_\_\_\_

Growth Management Act Designation: Within IUGA or UGA? ( ) Yes ( ) No

School District: \_\_\_\_\_

Fire District: \_\_\_\_\_

Water Purveyor: \_\_\_\_\_

Proposed Use of Property:

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Duplexes           | <input type="checkbox"/> Business               | <input type="checkbox"/> Multi-family dwelling  |
| <input type="checkbox"/> Industrial         | <input type="checkbox"/> Mixed Use              | <input type="checkbox"/> Single-family dwelling |
| <input type="checkbox"/> Manufactured Homes | <input type="checkbox"/> Other: Please describe |   |

**LEGAL/ZONE RECLASSIFICATION INFORMATION**

Location of Proposal Site: (General description by which direction and how far from roads and intersections and other community features)

Section(s): \_\_\_\_\_ Township: \_\_\_\_\_ Range: \_\_\_\_\_

Width of Property Fronting on Public Road: \_\_\_\_\_

Name of Public Road(s) Providing Access:

Name of (proposed) Arterial Road:

Legal Description of Property for Each Zone Reclassification Proposed:

If you do not hold title to property, what is your interest in it?

What are the changed conditions of the area which you believe make this proposal warranted?

What impact will the proposed zone reclassification have on the adjacent properties?

What factors support this zone reclassification?

What measures do you propose to mitigate your proposal's impact on surrounding land use?

Are additional land use applications anticipated to be filed in order to implement a rezone approval? If yes, please list the anticipated applications:

**PART III**

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**LEGAL OWNER SIGNATURE**

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(Signature of legal owner or representative as authorized by legal owner)

I, the undersigned, swear or affirm under penalty of perjury that the above responses are made truthfully and to the best of my knowledge.

I further swear or affirm that I am the owner of record of the area proposed for the previously identified land use action, or, if not the owner, attached herewith is written permission from the owner authorizing my actions on his/her behalf.

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_  
Phone: \_\_\_\_\_

\_\_\_\_\_  
Signature of applicant or representative

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**NOTARY**

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(For Part III Above)

STATE OF WASHINGTON ) ss:  
Grant County )

SUBSCRIBED AND SWORN to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

NOTARY SEAL:

\_\_\_\_\_  
Notary Signature

Notary Public in and for the State of Washington  
Residing at: \_\_\_\_\_

My appointment expires: \_\_\_\_\_

**Critical Areas Checklist**  
Pursuant to Grant County 24.08.070

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- 1) Section \_\_\_\_\_ Township \_\_\_\_\_ Range \_\_\_\_\_ Parcel Number \_\_\_\_\_
- 2) Site Address: \_\_\_\_\_
- 3) Directions to site and landmarks to help staff locate the site: \_\_\_\_\_
  
- 4) If this checklist is submitted independently, please attach a Section map obtained from the Assessor's office and highlight the project area. Attached? Yes \_\_\_ No \_\_\_
- 5) Proposed uses: \_\_\_\_\_
- 6) For independent CAO review, please attach a Site Plan. Attached? Yes \_\_\_ No \_\_\_
- 7) Please answer the following questions concerning Critical Area indicators located on or within 300 feet of the project area.
  - a) Are you aware of any environmental documentation that has been prepared related to critical areas that includes the subject area? (if yes, please attach a list of document titles).  
Yes \_\_\_ No \_\_\_ Unknown \_\_\_
  
  - b) Are there any surface waters (including year-round and seasonal streams, saltwater, lakes, ponds, bogs, fens, swamps, marshes)?  
Yes \_\_\_ No \_\_\_ Unknown \_\_\_
  
  - c) Is there vegetation that is associated with wetlands?  
Yes \_\_\_ No \_\_\_ Unknown \_\_\_
  
  - d) Have any wetlands been identified?  
Yes \_\_\_ No \_\_\_ Unknown \_\_\_
  
  - e) Are there areas where the ground is consistently inundated or saturated with water?  
Yes \_\_\_ No \_\_\_ Unknown \_\_\_
  
  - f) Is there any State or Federally listed sensitive, endangered or threatened species and habitats?  
Yes \_\_\_ No \_\_\_ Unknown \_\_\_
  
  - g) Are there slopes of 15% or greater?  
Yes \_\_\_ No \_\_\_ Unknown \_\_\_
  
  - h) Is the project located within a Flood Hazard Zone?  
Yes \_\_\_ No \_\_\_ Unknown \_\_\_
  
  - i) Do you know of any geologic hazards (for example: erosion hazards, landslide hazards, seismic hazards and mine hazards)?  
Yes \_\_\_ No \_\_\_ Unknown \_\_\_
  
  - j) Do you know of any cultural resource sites (lands, sites, structures with historic or archaeological significance) located on the proposed site?  
Yes \_\_\_ No \_\_\_ Unknown \_\_\_

Information regarding endangered species, wetland vegetation and flood hazard zones is available for public use at the Grant County Planning Department. I understand that if the information on this form is later determined to be incorrect, the project or activity may be subject to conditions or denial as necessary to meet the requirements of GCC 24.08, the Grant County Critical Areas Ordinance.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

## PRE-APPLICATION REVIEW CONFERENCE WAIVER

Pre-application conferences are intended as an informal discussion and review of possible applications to assist the applicant in discovery of appropriate county regulations, standards, application materials and review processes, that would be required of a project, as well as to identify environmental issues that may arise in connection with the application for proposed development.

- However, the requirement for the pre-application conference may be waived by the administrative official with the concurrence of the applicant.

Application No.: \_\_\_\_\_

Type of Application: \_\_\_\_\_

I hereby request a waiver to the pre-application conference as provided in the Grant County Local Project Review Ordinance (Ord. #97-192-CC). I have been provided with copies of the county ordinances and other related information concerning this application. Furthermore, I have read and understand the requirements and will be providing all the necessary information needed for the formal review process of this application.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date

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### ADMINISTRATIVE REVIEW

Upon consideration of the application and supplemental materials and information submitted thus far by the applicant, Administrator finds that:

- 1) the application itself **is / is not** relatively simple; and
- 2) the administrative official had made a good faith determination that the applicant **will / will not** be harmed by the failure to hold a pre-application conference.

The above request for a waiver of the Pre-Application Conference requirement is hereby **APPROVED / DENIED**.

\_\_\_\_\_  
Project Planner

\_\_\_\_\_  
Date

# SITE PLAN INSTRUCTIONS

## INSTRUCTIONS:

- A. Complete the information requested in the gray box at the top of the reverse side of this page and draw your site plan in the space provided; you may use additional 8½ X 11 sheets as needed;
- B. Identify the north arrow in the space provided;
- C. Use an accurate scale for drawing (ie; "1 inch = 10 feet" or "1 inch = 20 feet" or "1 inch = 100 feet" etc.);
- D. Draw the boundaries of the parcel including the dimensions (you may need a plat map copy from the assessor's office)
- E. Draw the location and dimensions of all existing buildings and structures;
- F. Draw the location of the proposed project including the structure dimensions, and distances to property lines and existing buildings and structures;
- G. Draw the location of all proposed and existing utilities (including power, phone, water, sewer systems, reserve drainfield, etc.);
- H. Draw the location and dimensions of all existing and proposed roads, driveways, parking areas, rights-of-way and easements;
- I. Draw the location of any distinguishing physical features located on or adjacent to the property (including but not limited to : streams, culverts, drainage ways, wetlands, slopes, bluffs, etc.);
- J. In the gray box at the bottom of the page, please provide detailed directions to the site;
- K. If you have questions regarding these instructions, please see the "EXAMPLE" SITE PLAN provided below. If you have further questions not covered in the example, please call (509) 754-2011, extension 620 for assistance.

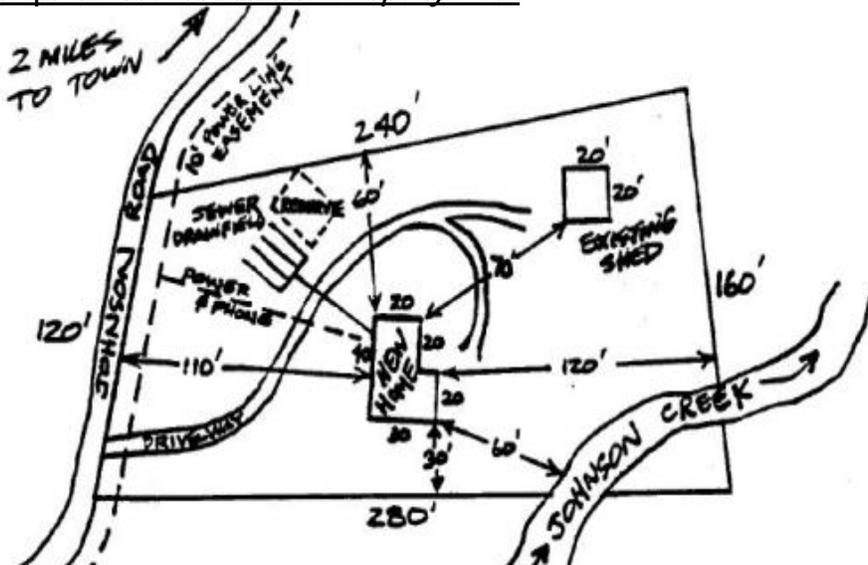
## "EXAMPLE" SITE PLAN

IN ORDER TO PROCESS LANDUSE APPLICATIONS, ALL SUBMISSIONS MUST INCLUDE A COMPLETED SITE PLAN MAP OF THE PROPOSED PROJECT (SEE INTRUCTIONS), submission of an incomplete site plan map will be considered as an incomplete application and returned to the applicant:

PROJECT/ OWNER NAME \_\_\_\_\_ DATE \_\_\_\_\_

PARCEL #(s) \_\_\_\_\_ DRAWING SCALE \_\_\_\_\_ inch(s) = \_\_\_\_\_ feet

**NOTE:** Please label all parcel boundaries with "Property Line"



Directions to the Site:

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# SITE PLAN

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PROJECT/ OWNER NAME \_\_\_\_\_ DATE \_\_\_\_\_

PARCEL #(s) \_\_\_\_\_ DRAWING SCALE \_\_\_\_\_ inch(s) = \_\_\_\_\_ feet

NOTE: Please label all parcel boundaries with "*Property Line*"

NORTH  
ARROW

Directions to the Site:



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## **LAND USE ACTIVITY**

### **ACKNOWLEDGEMENT AND AUTHORIZATION FORM**

I, \_\_\_\_\_, legal owner  
of Parcel (s) \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_, \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_, hereby authorize  
\_\_\_\_\_ to act as my agent, in the  
\_\_\_\_\_ application filed in the  
Grant County Planning Department.

\_\_\_\_\_  
Legal Owner Signature

\_\_\_\_\_  
Legal Owner Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date