



**CHELAN COUNTY  
INFORMATION MATERIALS  
FOR A ZONE CHANGE APPLICATION**

This packet is designed to assist you in preparing your application for a zone change. Applications may be submitted to the Chelan County Community Development, 316 Washington St., Suite 301, Wenatchee, WA 98801, during regular business hours of Monday – Thursday 8-5pm.

**A zone change application will not be accepted unless the proposed zoning district is concurrent with the comprehensive plan designation for that area.**

**Contact the Planning Department** to determine land use zoning and other required items. Please provide the following information at the time of submittal. If any of this information is not provided we will be unable to process your application.

- ☐ **A completed zone change application form**
- ☐ **Applicable non-refundable fees**
- ☐ **Assessor's Parcel Map**
- ☐ **Vicinity Map – please submit your map on 11" x 17" or 8 ½" x 11" paper.**
- ☐ **A complete Environmental Checklist signed and dated by the applicant or designated agent, which includes an application fee.**

**NOTE: APPLICATION FEES ARE NON-REFUNDABLE. THERE ARE NO GUARANTEES THAT YOUR ZONE CHANGE WILL BE APPROVED.**

After the application is accepted there is a twenty-eight (28) day period which a determination of completeness will be issued. After a determination of completeness the application materials will be routed to the necessary reviewing agencies for comment. If this application is submitted with a comprehensive plan amendment application, both applications will be docketed for processing pursuant to the comprehensive plan amendment timeline.

A public hearing will be held with the planning commission where they will provide a recommendation to the board of county commissioners. The board of commissioners will then hold a public hearing to consider adoption of the recommendations for zone change amendments.

**CHELAN COUNTY  
ZONE CHANGE AMENDMENT APPLICATION**

**SECTION I: APPLICANT INFORMATION**

1. If an amendment, relate to Application/File # \_\_\_\_\_
2. The undersigned hereby request the Hearing Examiner to change the zoning classification of the following described property from the zoning classification of \_\_\_\_\_ to the zoning classification of \_\_\_\_\_.
3. **Applicant:** \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Bus. Phone: \_\_\_\_\_  
City & State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Email: \_\_\_\_\_
4. **Owner:** \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Bus. Phone: \_\_\_\_\_  
City & State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Email: \_\_\_\_\_

If there are more owners please use the additional owner supplement.

**SECTION II: CRITERIA QUESTIONS**

THE FOLLOWING QUESTIONS MUST BE ANSWERED FOR LAND USE MAP/ZONING DESIGNATION AMENDMENT APPLICATIONS.

1. A detailed statement of what is proposed to be changed.
2. Explain why the Development Regulation text amendment is needed. What public land use issue or problem is resolved by the proposed amendment?
3. Explain how the proposed amendment is consistent with the goals of the Washington State Growth Management Act (RCW 36.70A) as amended.
4. A statement of how the proposed map amendment complies with or supports the Comprehensive Plan's goals and/or any applicable County-Wide Planning Policies.
5. Will the proposed amendment affect lands designated as resource lands of long term commercial significance and/or critical areas? If so, how will the proposed amendment impact these areas?
6. Explain how the proposed change would serve the interests of the public as a whole, including health safety or welfare.

### **SECTION III: REGULATION AMENDMENT CRITERIA**

The approval, modification or denial of a Development Regulation amendment application shall be evaluated on, but not limited to, the following criteria:

1. The amendment is necessary to resolve a public land use issue or problem.
2. The amendment is consistent with the goals of the Washington State Growth Management Act (RCW 36.70A) as amended.
3. The amendment complies with or supports the Comprehensive Plan's goals and/or any applicable County-Wide Planning Policies.
4. The amendment does not adversely affect lands designated as resource lands of long term commercial significance and/or critical areas.
5. The amendment is based on sound land use planning practices and would further the general public health, safety and welfare.

### **SECTION IV: AUTHORIZATION**

I hereby certify that this application has been made with the consent of the lawful property owner(s) and that all information submitted with this application is complete and correct. False statements, errors, and/or omissions may be sufficient cause for denial of the request. This application gives consent to the county to enter the properties listed above.

Applicant Name: \_\_\_\_\_ Parcel # \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(If person other than property owner is the applicant, an ownership certificate must be signed, and notarized)

<b>SECTION V: OWNERSHIP CERTIFICATION</b>
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**IF A PERSON OTHER THAN THE PROPERTY OWNER IS SIGNING THIS APPLICATION, AN OWNERSHIP CERTIFICATION MUST ALSO BE SUBMITTED.**

I, \_\_\_\_\_ here by certify that I am the major property owner, authorized agent, or officer of the corporation owning property described in the attached application and I have familiarized myself with the rules and regulations of Chelan County with respect to making this application and that the statements, answers and information contained therein are in all respects true and correct to the best of my knowledge and belief. Further, I posses full legal authority and rights necessary to exercise control over the subject property.

I certify or declare under penalty of perjury under the lows of the State of Washington that the foregoing is true and correct.

Address \_\_\_\_\_

City and State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Signature \_\_\_\_\_

Date \_\_\_\_\_ for \_\_\_\_\_  
(Give corporation or company name)

At \_\_\_\_\_  
\_\_\_\_\_

(Here signator must state place of signing which may be different than address.)

**ACKNOWLEDGEMENT**

State of Washington    }  
                                     }  
Chelan County         }

On this day personally appeared before me \_\_\_\_\_ to be known the individual described in and who executed within and foregoing instrument and acknowledge to me that \_\_\_\_\_ signed the same as \_\_\_\_\_ free and voluntary act and deed for the uses and purposed therein mentioned.

\_\_\_\_\_  
NOTARY PUBLIC in and for the  
State of Washington  
Residing in \_\_\_\_\_  
Date: \_\_\_\_\_