



Fee Paid_____
Date Received_____
File No._____

Garfield County

“Zone Change Application”

P.O. Box 278, Garfield County Court House Pomeroy, WA 99347 509-843-1301
www.co.garfield.wa.us

1. General Information:

Note: State Environmental Policy Act (SEPA) Chapter 43.21C and WAC 197-11 compliance is required. A Completed SEPA checklist may be required for this proposal.

Property Owner_____

Mailing Address_____

City_____

Phone(s)_____ E-mail_____

Physical Address of Proposal_____

Applicant/Representative_____ Phone(s)_____

2. Legal Description:

Parcel No.(s)_____

Section(s)_____ Township_____ Range_____

Legal Description

3. Current Zone Classification:

What is the property’s current zoning designation?

- | | | |
|------------------|---------------------|-----------------|
| _____Agriculture | _____Ag-Transition | _____Commercial |
| _____Industrial | _____Mountain Cabin | |

4. Proposed Zone Classification:

What is the property's proposed zoning designation?

_____ Agriculture _____ Ag-Transition _____ Commercial

_____ Industrial _____ Mountain Cabin

5. Circumstances for granting a Zone Change:

No zone change shall be granted unless it can be shown that any of the following circumstances exist:

- a) Such a zone change is consistent with the Comprehensive Plan and is not detrimental to the public welfare;
- b) Change in economic, technological or environmental conditions has occurred to warrant modification of this ordinance;
- c) It is found that a zone change is necessary to correct an error in this ordinance;
- d) It is found that a zone change is necessary to clarify the meaning or intent of this ordinance;
- e) It is found that a zone change is necessary to provide for a use(s) that was not previously addressed by this ordinance; or
- f) This zone change is deemed necessary by the County Commissioners to provide for the health, safety and general welfare.

6. Reason For the Zone Change Request

The above information is correct to the best of my knowledge.

Signature of Owner(s) _____ Date _____
or Authorized Agent

_____ Date _____

Signature of Applicant _____ Date _____

Staff Use Only

Application received by: _____ Date: _____

Cash / Check #: _____ Amount received: _____

Docket / Zone Change #: _____

Date of TRC review: _____

Notice of Completeness due date: _____

If incomplete, date notified and information requested: _____

Date returned, if resubmitted: _____

Date Notice of Completeness issued: _____

Date of Notice of Application/public hearing issued: _____

NOA comment period ends: _____

SEPA determination (and comment period, if app): _____

Hearing date: _____

Notice of Decision issued: _____

Appeal period ends: _____

Appeal information: _____