

REZONE (SITE SPECIFIC) PERMIT APPLICATION

STEVENS COUNTY LAND SERVICES—PLANNING DIVISION

Street Address: 260 S. Oak—Courthouse Annex, Colville, WA
Mailing Address: 215 S. Oak—Courthouse Annex, Colville, WA 99114
Phone: 509-684-2401 Fax: 509-684-7525

FOR OFFICE USE ONLY

File Number: _____

Receipt: _____

Date Received: _____

(Type 4 Application)

Application Submittal Checklist:

Application fee – \$750.00

Please make check payable to Stevens County Land Services.

- One copy of a site plan of the property proposed for reclassification, on minimum size paper 8-1/2 x 11", drawn to a scale large enough to clearly portray all of the detail. The site plan shall show the following:**
 1. The size and dimensions of the property.
 2. Existing and proposed structures.
 3. Any surface water, such as lakes, ponds, streams or wetlands.
 4. North arrow and scale of map.
- Completed application form
- Completed **Environmental Checklist**
- Supplemental information (if any)**
 1. Photographs of property area
 2. Other _____

APPLICANT SIGNATURES

This application is subject to all additions to and changes in the laws, regulations and ordinances applicable to the project until a Determination of Completeness is issued pursuant to SCC 3.30.110. I/We certify that the information contained on this application is true, complete and accurate to the best of my/our knowledge. I/We understand that information will be used by Stevens County for the purpose of determining whether this proposal meets the Decision Criteria specified in SCC 3.20.020. I/We hereby grant to Stevens County, the right to enter the above described location to inspect the proposed work.

Signature of: (Circle one) Property Owner

Primary Contact/Agent

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CONTACT INFORMATION

Primary Contact: _____

Mailing Address: _____

City: _____ State _____ Zip _____

Day Time Phone: _____ Fax: _____

Email Address: _____

Property Owner(s): _____

Mailing Address: _____

City: _____ State _____ Zip _____

Day Time Phone: _____ Fax: _____

Email Address: _____

PROPERTY LEGAL DESCRIPTION

Tax Parcel Number(s): _____

Legal Description

Sec. _____ Twp. _____ Rge. _____

Or Name of Subdivision: _____ Lot _____ Block _____

Site Address/City _____

PROJECT DESCRIPTION

What is the existing use and zoning of the property?

Proposed use and zoning of the property and other information that describes your Site Specific Rezone Permit request

REVIEW CRITERIA

The County will consider the criteria listed in SCC 3.20.020 in reviewing applications for site specific rezones and may only approve an application if the applicant demonstrates that all of the criteria are met.

The questions listed below are designed to identify your project's compliance with the criteria, so please provide complete information to support your request.

Sec. 3.20.020 (A) Decision Criteria for Zoning Reclassification (Rezone) Permits.

1. How is the proposal consistent with the goals and policies of the Comprehensive Plan and Subarea Plan (where applicable)?

2. How would you propose to reasonably mitigate any environmental impacts associated with the reclassification?

3. What services and facilities, including transportation facilities, will be available to serve the range of uses located within the proposed zoning reclassification? Are they available to the property or do they need to be developed or extended to the property?

4. What has occurred to warrant the reclassification? Please explain:

a. Was there a change in circumstances?

#4 Continued

b. Is there a demonstrated need for additional land within the proposed zoning classification?

c. Is the proposed classification appropriate for reasonable development of the subject property?

5. Will the reclassification reflect special treatment of the subject property?

6. Would granting the reclassification be in conflict with the health or safety of the community? Please explain.