



# City of Moxee

255 W Seattle ave, PO Box 249 Moxee, Wa 98936  
Phone 509-575-8851 Fax 509-575-8852

## GENERAL APPLICATION FORM

### For Land Use Actions

**CHECK ALL THAT APPLY AND ATTACH THE APPROPRIATE SUPPLEMENTAL FORM(S)**

<u>Zoning</u>		<u>Subdivision</u>	<u>Other</u>
<input type="checkbox"/> Level 1 Use	<input type="checkbox"/> Admin. Adjustment	<input type="checkbox"/> Exemption (SSE)	<input type="checkbox"/> Environmental Checklist
<input type="checkbox"/> Level 2 Use	<input type="checkbox"/> Variance	<input type="checkbox"/> Short Subdivision	<input type="checkbox"/> Appeal __HE __City Council
<input type="checkbox"/> Level 3 Use	<input type="checkbox"/> Non-Conforming Use	<input type="checkbox"/> Binding Site Plan	<input type="checkbox"/> Critical Areas
<input checked="" type="checkbox"/> Rezone	<input type="checkbox"/> Interpretation	<input type="checkbox"/> Alteration/Vacation	<input type="checkbox"/> Plan/Dev Reg Map Ad
		<input type="checkbox"/> Subdivision Variance	<input type="checkbox"/> Plan/Dev Reg Text Ad
		<input type="checkbox"/> Subdivision (Long Plat)	<input type="checkbox"/> Develop. Agreement
			<input type="checkbox"/> Other _____

#### SUBJECT PROPERTY INFORMATION

Parcel Number(s): \_\_\_\_\_ Property Address: \_\_\_\_\_  
 A. \_\_\_\_\_  
 B. \_\_\_\_\_ Zoning District: \_\_\_\_\_  
 C. \_\_\_\_\_  
 D. \_\_\_\_\_

#### Applicant Information: (Please Check Contact Person)

By signing this form, I hereby state as true that all ownership interests of the property have reviewed the proposal as presented in the application materials and support the proposed change(s) in land use.

**Property Owner:** \_\_\_\_\_  
 Day Phone: \_\_\_\_\_ Company (if any): \_\_\_\_\_  
 Owner of Parcel(s): \_\_\_\_\_  
 Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Signature: \_\_\_\_\_

**Agent/Contact Person (If different):** \_\_\_\_\_  
 Day Phone: \_\_\_\_\_ Company (if any): \_\_\_\_\_  
 Owner of Parcel(s): \_\_\_\_\_  
 Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 E-mail: \_\_\_\_\_  
 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*If there are additional property owners, provide an attachment in the same format and with the same declaration*

(Staff Use Only)  
 Date: \_\_\_\_\_ Receipt #: \_\_\_\_\_ Reviewed By: \_\_\_\_\_ Project # \_\_\_\_\_



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## CITY OF MOXEE SUPPLEMENTAL APPLICATION FOR REZONE

### PART II-APPLICATION INFORMATION

**1. REQUEST:**

(I, we) the property owner(s) request that the following described property be rezoned from: \_\_\_\_\_ to \_\_\_\_\_.

**2. LEGAL DESCRIPTION OF SUBJECT PROPERTY: (ATTACH IF LENGTHY)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Parcel Number: \_\_\_\_\_

**3. OWNER'S SIGNATURE:**

(I, we) certify that (I, we) are the owner(s) of record of all of the above described property:

\_\_\_\_\_  
\_\_\_\_\_  
(Owner(s) Signature)

STATE OF WASHINGTON)

ss)

COUNTY OF YAKIMA )

On this day personally appeared before me \_\_\_\_\_  
Known to me to be the individual(s) described in and who executed the within and foregoing instrument and acknowledged that they are the owner(s) of the property requested to be rezoned, have read the application and know the contents thereof, and believe the same to be true.

GIVEN under my hand and official seal this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

\_\_\_\_\_  
Notary Public in and for the State of Washington,  
residing at \_\_\_\_\_



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## PART III --REQUIRED ATTACHMENTS

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4. **AN ENVIRONMENTAL CHECKLIST**

5. **A WRITTEN NARRATIVE DEMONSTRATING THE FOLLOWING:**

- a. **Health, Safety and Welfare.** The rezone bears a substantial relation to the public health, safety, or welfare;
- b. **Changed Circumstances or Reasonable Development.** The rezone is warranted because of changed circumstances including the need for additional property in the proposed land use district classification, or because the proposed zoning classification is appropriate for reasonable development of the subject property;
- c. **Zoning Conformance.** The subject property is suitable for development in general conformance with zoning standards under the proposed zoning classification;
- d. **Adequacy of Public Facilities.** Public facilities, such as roads, sewer, water and other required public services will be adequate at the time of development or can be provided to serve the future development that will occur due to the rezone request;
- e. **No Detriment to Adjacent Property.** The rezone will not be materially detrimental to uses or property in the immediate vicinity of the subject property and the proposed zone change and associated uses are compatible with neighboring land uses;
- f. **Consistent with Comprehensive Plan.** The rezone is consistent with the comprehensive plan; and
- g. **Consistent with City Regulations.** The rezone complies with all other applicable city rules and regulations.

*Your written narrative will be forwarded to the Hearing Examiner along with your application and will become part of the public hearing record*

6. In addition to testimony presented at the public hearing and information provided by interested agencies and departments, the City of Moxee Zoning Ordinance requires that the Hearing Examiner finds that the rezone request meets the above criteria: