



CITY OF BENTON CITY
PO Box 70
Benton City, WA 99320
(509) 588-3322 * bchall@owt.com

APPLICATION FOR ZONING/REZONING CLASSIFICATION

DATE: _____

RECEIPT # _____

I hereby make application for zoning classification:

1. NAME OF APPLICANT: _____

2. MAILING ADDRESS: _____

3. TELEPHONE NUMBER: _____

4. APPLICANT'S RELATIONSHIP TO PROPERTY INVOLVED: _____ OWNER
_____ CONTRACT PURCHASER _____ LESSEE _____ OTHER _____
(please specify) _____

5. PROPERTY OWNERS NAME, ADDRESS, TELEPHONE # (per County tax roll):

6. Location of Property: _____

7. Legal Description: _____

8. Present Use and Zoning: _____

9. Proposed Use and Zoning: _____

10. What error in the existing Ordinance would be corrected by the proposed amendment? _____

11. What changed or changing conditions make the passage of this amendment necessary?

12. Are there other circumstances which justify this amendment? _____

13. Time scheduled for development? _____

14. Provide Ownership Report listing all property owners within 300 feet of the boundaries of the property in question as described in item #7: (Done by Title Company)

15. Exhibits submitted, number and kind (vicinity map, petition of property owners neighbors, copy of option to purchase, etc.) _____

I, the undersigned, do hereby certify that the information contained herein is true and correct. I do further understand that any deliberate attempt to mislead or deceive the Planning Agency of the City of Benton City shall cause the denial of this application and forfeit of any fees paid at the time of filing with the City Clerk.

APPLICANT'S SIGNATURE:(please print after signing):

OWNERS SIGNATURE:(or his agent) (please print after signing):

City Clerk's Signature: _____ Date: _____

Office Use Only

APPROVED _____ DENIAL _____ TABLED _____ DATE: _____

Planning Agency Chairman: _____

Planning Agency Secretary: _____

AFFECTED PROPERTY OWNERS MAY REQUEST A CHANGE IN VALUATION FOR PROPERTY TAX PURPOSES NOT WITHSTANDING ANY PROGRAM OF REVALUATION