



# REZONE APPLICATION

Department of Community & Economic Development

321 E. 5th Street, Port Angeles, WA 98362

360.417.4750 | [www.cityofpa.us](http://www.cityofpa.us) | [ced@cityofpa.us](mailto:ced@cityofpa.us)

file no.

## SITE SPECIFIC REZONE

The purpose of a rezone is to reclassify a lot or lots with a different zoning designation when circumstances have shown to have changed and the public use and interest is served. A rezone must also be consistent with land use designation and goals of the City of Port Angeles Comprehensive Plan. Please review Chapter 18.02 of the Port Angeles Municipal code for procedures for rezone applications.

Any party interested in pursuing a rezone is encouraged to schedule a preliminary rezone meeting with City Staff to discuss proposed changes.

## REZONE APPLICATION CHECKLIST

A complete application will contain the following materials;

- Rezoning Application:** A completed and signed application
- Project Narrative:** A detailed explanation of the project goals, plan, and outcome, including responses to the following questions:
  1. Why is the current zoning inappropriate for the property?
  2. Why is the proposed zoning suitable for the property?
  3. What circumstances have changed since the original zoning?
  4. How does the proposed zoning align with the policies of the current comprehensive plan?  
(Please reference specific policies from the current comprehensive plan)
- SEPA Checklist:** Complete an Environmental Checklist (if applicable)
- A Vicinity Map:** Showing the relation to surrounding properties, zoning, and land use
- A Site Plan (x2):** Accurate drawing complete with all property lines, existing and proposed structures, parking plan (if applicable), required setbacks, and significant vegetation (Scale: 1" = 20')
- Mailing Addresses & Labels:** Mailing labels and a list (MS Excel format) of property owners within 300 feet of the proposed site, obtained from the Clallam County Assessor's Office.



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## APPLICANT INFORMATION

Applicant Name: \_\_\_\_\_ (Property Owner:  Yes  No)

Mailing Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Applicant's Representative (If other than applicant): \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

## SUBJECT PROPERTY

Subject Property Address: \_\_\_\_\_

Legal Description: \_\_\_\_\_

Property ID Number: \_\_\_\_\_ Parcel Number: \_\_\_\_\_

Current Zoning: \_\_\_\_\_ Comprehensive Plan Designation: \_\_\_\_\_

Property Owner(s): \_\_\_\_\_

Property Owner Address: \_\_\_\_\_

## PROPOSED USE

Proposed Zoning: \_\_\_\_\_

Proposed use of property:  
(i.e. development type, uses, etc.)

## SIGNATURE

I have read and completed the application and attached all application materials and know it to be true and correct. I am authorized to apply for this permit and understand that additional information may be required and it is my responsibility to determine what other permits are required and to obtain permits prior to work, use, or activity. I understand that I will forfeit fees if I withdraw the application prior to permit issuance.

Date \_\_\_\_\_ Print Name \_\_\_\_\_ Signature \_\_\_\_\_

Notes:	
Fees: \$500	DATE STAMP