

119 West First Street  
 Cle Elum, WA 98922  
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Stamp & initial
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## REZONE APPLICATION

This form is to be used when applying to change the zoning of a property to a different zone and the wanted change is consistent with the City’s Comprehensive Plan. It is recommended that prior to completing an application, that you first speak with a city planner to gain a better understanding of the review process and potential requirements for your project.

*The city council may, upon proper petition of the affected property owner(s) or upon its own motion or that of the planning commission, and after public hearing, change by ordinance the district boundary lines or some classification as shown on the district maps, and may amend, supplement or change by chapter the regulations herein established. See [CEMC 17.120.030](#) for more information.*

OFFICAL USE ONLY	
<b>Permit #:</b>	REZ-20 -
<b>Staff Person:</b>	
<b>Fee Total:</b>	
<b>Associated Permits:</b>	

Applicant	
Name:	
Mailing Address:	
Phone Number:	Email:
Property Owner Information	
Same as applicant <input type="checkbox"/>	
Name:	
Mailing Address:	
Phone Number:	Email:
Project Information	
Address:	
Parcel(s) Number:	
Current Zoning:	Current Land Use:
Proposed Zoning:	

<b>Rezoning Application requirements.<sup>1</sup></b>	
1.	Assessors quarter section map indicating the property location.
2.	If the applicant is not the legal owner a signed authorization from the legal owner is required. <sup>2</sup>
3.	Written narrative describing the rezoning and how it is consistent with the decision criteria listed below.
4.	A completed SEPA checklist. <sup>3</sup>
5.	Payment of a fee that is consistent with the City of Cle Elum's fee schedule.
<b>Rezoning Decision Criteria</b>	
1.	The proposed rezoning is consistent with the <a href="#">comprehensive plan</a> .
2.	The proposed rezoning and subsequent development would be compatible with development in the vicinity.
3.	The proposed rezoning will not unduly burden the transportation system in the vicinity of the property with significant adverse impacts which cannot be mitigated.
4.	Adequate public utilities and public facilities are available to serve subsequent development.
5.	Circumstances have changed substantially since the establishment of the current zoning district to warrant the proposed rezoning.
6.	The proposed rezoning will not adversely affect the health, safety and general welfare of the citizens of the city.
<b>Authorization:</b>	
<i>The undersigned hereby certifies that this application has been made with the consent of the lawful property owner(s) and that all information submitted with this application is complete and correct. False statements, errors, and/or omissions may be sufficient for denial of the request. This application gives consent to the City to enter the properties listed above for the purposes of inspecting and verifying information presented in this application. The applicant further agrees to pay all fees specified in the City's fee schedule for the permit and expenses associated with the review of the application. The applicant gives consent to the City to enter the property(s) listed above for the purpose of inspecting and verifying information presented in this application.</i>	
Applicant Signature:	Date
Owner Signature	Date

1. All requirements need to be met for the application to be processed. The Planner may choose to waive some of the requirements
2. The owner can sign in allotted space provided under the authorization section of the application or send the City Planner a letter.
3. This may require an additional SEPA fee.