

City of Winlock



Community Development Department

PO Box 777 • 323 N.E. First Street

Re-Zoning Application

Winlock, WA 98596-0777

360.785.3811 • fax 360.785.4378

winplan@cityofwinlock.com

MUST BE FILLED OUT COMPLETELY – INCOMPLETE APPLICATIONS WILL BE NOT BE ACCEPTED

APPLICANT INFORMATION (if different than property owner)

Authorized Agent

Name(s): _____

Mailing Address: _____ City/St/Zip: _____

Phone #: _____ Email: _____

PROPERTY OWNER INFORMATION (same as applicant)

Yes No

Name(s): _____

Mailing Address: _____ City/St/Zip: _____

Phone #: _____ Email: _____

PROPERTY INFORMATION

Property Address: _____ Tax Parcel No: _____

Full Legal Property Description: _____

Zone: _____

Property Dimensions: Width _____ Depth _____ Sq. Ft. _____

REQUEST

A. Applicant requests a re-zone on the above-described property from a _____ zone to a _____ zone in order to _____

B. Applicant requests a (Conditional Use, Temporary Permit) on the property herein described as follows: _____

C. General intentions of applicant: _____

PLOT MAP REQUIREMENTS:

- Property boundaries that show the existing and proposed land use designation and zoning.
- All natural and built features (such as roads, streams, buildings, slopes, fences, etc.) as well as adjacent properties and their uses.
- How site provisions of ordinance will be met.

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ADJACENT PROPERTY INFORMATION: *applicant must provide all adjacent property owners (names and address, parcel #, legal description) within 200 feet of the exterior boundary of the property for which zone change is being requested.* Information can be obtained through the Lewis County PATS System.

PROPERTY OWNER NAME	ADDRESS	PARCEL NO.	LEGAL DESCRIPTION

FOR OFFICIAL USE ONLY

Date Received:	
Received By:	
Total Fees Due:	
Date Paid:	
Rct #:	
Date Paid:	
Case #:	