



CITY OF
SUMNER
WASHINGTON

City of Sumner Comprehensive Plan Amendment Application

(Please fill out ALL fields unless otherwise noted)

Community Development
1104 Maple Street, Suite 250
Sumner, WA 98390
Tel. (253)299-5530 Fax: (253)299-5539
www.ci.sumner.wa.us

File Number: _____

Site/Project Address (if available):		Parcel #:		
Owner:	Phone:	Email:		
Owner Address:		City:	State:	Zip:
Surveyor/Engineer/Contractor:		Phone:	Contractor License Number:	
Address:	Email:	City:	State:	Zip:
Contact Person:	Phone:	Fax:		
Contact Address:	Email:	City:	State:	Zip:

Description of Project:

Supporting Materials Required:

Office	<p>Applicant - (please check off all "applicant" boxes)</p> <p>TEXT ONLY AMENDMENT: Supplemental Application 5 - Copies</p> <ul style="list-style-type: none"> <input type="checkbox"/> Proposed amendments to text in a strikeout/underline format (strikeout/<u>underline</u>) <p>Required fee \$2,600 for Comprehensive Plan Amendment</p> <p>Comprehensive Plan Map Amendments: Supplemental Application 5 - Copies</p> <p>Comprehensive Plan Map Amendment Map 5 - Copies (Min: 8"x11.5"; Max: 11" x 17")</p> <ul style="list-style-type: none"> <input type="checkbox"/> Show Existing Map Designation and Proposed Map Designation <input type="checkbox"/> Property lines <input type="checkbox"/> Existing public and private roads <input type="checkbox"/> Features such as wetlands, rivers, streams, slopes <p>Required fee \$2,600 for Comprehensive Plan Amendment and \$3,000 if Zoning Map amended</p> <p>Other information as applicable</p>
---------------	--

I HEREBY CERTIFY THAT I HAVE READ AND EXAMINED THIS APPLICATION AND KNOW THE SAME TO BE TRUE AND CORRECT. ALL PROVISIONS OF LAWS AND ORDINANCES GOVERNING THIS TYPE OF WORK WILL BE COMPLIED WITH WHETHER SPECIFIED HEREIN OR NOT.

SIGNATURE OF OWNER / AUTHORIZED AGENT PLEASE PRINT NAME DATE: ____/____/____