



CITY OF  
**SUMNER**  
WASHINGTON

# City of Sumner Zoning Text 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](http://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:
<b>Description of Project:</b>				

### Supporting Materials Required:

Office Applicant - (please check off all "applicant" boxes)

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**ZONING CODE TEXT AMENDMENT: Supplemental Application**

**4 - Copies**

Responses to the following:

- o Description of the requested code amendment;
- o An explanation of why the amendment is being proposed including specific areas needing change;
- o Proposed amendatory language in a strikeout/underline format (~~strikeout~~/underline)
- o An explanation of how the proposed amendment implements the comprehensive plan.

Required fee: \$1,000 unless during an Annual Comprehensive Plan Amendment Cycle then no fee.

Other information as applicable to evaluate the impact such as traffic analysis, etc. (Staff will request this if needed.)

### NOTES:

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.

**\*\*BY LEAVING THE CONTRACTOR INFORMATION SECTION BLANK, I HEREBY CERTIFY FURTHER THAT CONTRACTORS (GENERAL OR SUBCONTRACTORS) WILL NOT BE HIRED TO PERFORM ANY WORK IN ASSOCIATION WITH THIS PERMIT. (building permits only)**

\_\_\_\_\_  
SIGNATURE OF OWNER / AUTHORIZED AGENT

\_\_\_\_\_  
PRINTED NAME

DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_