



City of Sumner Comprehensive Plan Amendment Application

Community Development
1104 Maple Street, Suite 250
Sumner, WA 98390
Tel. (253)299-5530
www.sumnerwa.gov

(Please fill out ALL fields unless otherwise noted)

File Number: _____

Site/Project Address (if available): Citywide - Comprehensive Plan Update 2024		Parcel #:	
Owner: City of Sumner	Phone:	Email:	
Owner Address: 1104 Maple Street	City: Sumner	State: WA	Zip: 98390
Surveyor/Engineer/Contractor: n/a		Phone:	Contractor License Number:
Address:	Email:	City:	State: Zip:
Contact Person: Ann Siegenthaler	Phone: (253) 299-5520	Fax:	
Contact Address: City of Sumner, Comm. Dev.	Email: annsi@sumnerwa.gov	City:	State: Zip:

THE PROPOSAL IS TO UPDATE ALL OF THE ELEMENTS OF THE SUMNER COMPREHENSIVE PLAN, IRELATED PLANS AND DEVELOPMENT REGULATIONS, INCLUDING HOUSING REGULATIONS, STREAM BUFFER REGULATIONS, HISTORIC PRESERVATION REGULATIONS, TRANSPORTATION MANAGEMENT PLAN AND CAPITAL FACILITIES PLAN.

Supporting Materials Required:

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

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.

Ann Siegenthaler 02 09 24

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