



City of Sumner Zoning Text Amendment Application

(Please fill out ALL fields unless otherwise noted)

File Number: _____

(253)299-5530

www.sumnerwa.gov

Site/Project Address (if available): Citywide - Text Amend Zoning Code - Critical Areas Regulations		Parcel #: n/a	
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:
Proposed update to Environment/Critical Areas Regulations Title 16 related to critical areas protections, including provisions for exemptions, variances, non-conforming uses and buffer reductions, and increasing stream buffers for Non-Fish-Bearing Streams to better protect all streams tributary to Fish-Bearing Streams.			

Supporting Materials Required:

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

	<input checked="" type="checkbox"/> ZONING CODE TEXT AMENDMENT: Supplemental Application 4 - Copies
	<input checked="" type="checkbox"/> Responses to the following: <ul style="list-style-type: none"> ○ Description of the requested code amendment; ○ An explanation of why the amendment is being proposed including specific areas needing change; ○ Proposed amendatory language in a strikeout/underline format (strikeout/<u>underline</u>) ○ An explanation of how the proposed amendment implements the comprehensive plan.
	<input type="checkbox"/> Required fee: \$1,000 unless during an Annual Comprehensive Plan Amendment Cycle then no fee.
	<input type="checkbox"/> 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	Ann Siegenthaler PRINTED NAME	02 15 24 DATE: ____/____/____
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