



# 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: CTA-WCS-0002

Site/Project Address (if available): CITY-WIDE		Parcel #: CITY-WIDE		
Owner: CITY OF SUMNER	Phone:	Email:		
Owner Address: 1104 MAPLE STREET		City: SUMNER	State: WA	Zip: 98390
Surveyor/Engineer/Contractor: NA		Phone:	Contractor License Number:	
Address: NA	Email:	City:	State:	Zip:
Contact Person: CHRISSANDA WALKER	Phone: (253) 299-5523	Fax:		
Contact Address: 1104 MAPLE STREET	Email: chrissandaw@sumnerwa.gov	City: SUMNER	State: WA	Zip: 98390

### Description of Project:

The Zoning Code text amendment would create a Manufactured Home Park (MHP) overlay district that would limit the future use of the land to being only a MHP.

### Supporting Materials Required:

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

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- ☐ **ZONING CODE TEXT AMENDMENT: Supplemental Application**
- ☐ Responses to the following:
- ☐ 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~~/underline)
  - ☐ 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

chrissanda walker

PRINTED NAME

DATE: 6 / 2 / 25