



# ZONING MAP AMENDMENT (REZONE)

Planning and Economic Development Department  
200 NE Moe Street | Poulsbo, Washington 98370  
(360) 394-9748 | fax (360) 697-8269  
www.cityofpoulsbo.com | plan&econ@cityofpoulsbo.com

Zoning Map Amendments, when consistent with comprehensive plan and an amendment to the comprehensive plan is not necessary, are a Type III permit application according to the provisions of Title 19. A Type III application permit process is a quasi-judicial review and decision made by the hearing examiner or, in the case of master plans, by the city council. Please complete a separate request form for each proposed amendment.

PROPERTY OWNER:	
Name:	
Address:	
Email:	Phone:
APPLICANT (if different):	
Name:	
Address:	
Email:	Phone:
PROJECT:	
Address:	Tax Parcel No:
Current zoning:	Proposed Zoning:
Current use of property:	
Proposed future use of property:	
Size of area to be rezoned:	
Is this property located within a Master Plan Overlay?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the property located within a Critical Area?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the property located within the Shoreline Jurisdiction?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Legal Description:	
Reason for the requested change in zoning designation and/or new use:	

## APPLICATION SUBMITTAL REQUIREMENTS

Please refer to your pre-application conference summary letter for submittal requirements that are specific to your project and ensure that all requirements listed below are completely addressed. Applications submitted in person require an intake appointment. Please call (360) 394-9748 to set up an intake appointment.

- Application Fees and Deposits Per [Resolution 2017-03](#). Additional hourly fees may apply.
- Current title report, prepared within last 90 days.
- A vicinity map showing the location of the property and surrounding properties.
- Completed [SEPA Environmental Checklist](#)
- A detailed response to the following:
  - Explain how the amendment is consistent with the comprehensive plan land use map.
  - Describe how the amendment is not detrimental to the public health, safety or welfare.
  - Explain how the amendment is warranted because of changed circumstances, a mistake, or because of a need for additional property in the proposed zoning district.
  - Describe how the subject property is suitable for development in general conformance with zoning standards under the proposed zoning district
- Three** complete sets of site plan drawings.

*Please Note:*

  - plans must be drawn at an engineering scale that allows each plan to fit on one sheet
  - plans shall be folded upon submittal
  - all information shall be legible
  - plans shall be prepared by an appropriate certified professional in the State of WA

The drawings shall show:

  - project name and plan date
  - name and phone number of preparer
  - north arrow and scale
  - dimensions of the subject property
  - all structures and impervious surfaces
  - existing utilities, including any stormwater detention facilities
  - existing or proposed easements
  - critical areas located on or within 300 feet of the property
  - streets adjacent to, surrounding, or intended to serve the property
  - zoning of adjacent properties
- One electronic version of all submitted materials in PDF format (CD, thumb drive, or via e-mail)
- Notarized property owner and/or applicant signature page (attached)
- Any other information/documents:





**PROPERTY OWNER'S SIGNATURE (if other than applicant/agent):**

I, the undersigned, state that, to the best of my knowledge, all the information provided for this application is true and complete. It is understood that the City of Poulsbo may nullify any decision made in reliance upon information given on this application form should there be any willful misrepresentation or willful lack of full disclosure on my part.

\_\_\_\_\_  
Signature of Property Owner

\_\_\_\_\_  
Print Name of Owner

STATE OF WASHINGTON) ) SS  
COUNTY OF KITSAP )

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ before me, the undersigned, a Notary Public in and for the State of Washington, duly commissioned and sworn, personally appeared \_\_\_\_\_ to me known to be the individual(s) described in and who executed the within and foregoing instrument, and acknowledged that he/she/they signed the same as his/her/their free and voluntary act and deed, for the uses and purposes therein mentioned, and on oath stated that he/she/they was (were) authorized to execute said instrument.

WITNESS my hand and official seal this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC in and for the  
State of Washington Residing at

\_\_\_\_\_  
Commission Expires \_\_\_\_\_