



# Rezone Application

## CITY OF PUYALLUP

Development Services  
333 S. Meridian  
Puyallup, WA 98371  
Phone: 253-864-4165  
Fax: 253-840-6678  
www.cityofpuyallup.org

### Submittal Checklist:

- Application is signed and dated
- 8 Copies of completed application
- 8 Copies of location map indicating location of property in relation to adjacent properties and major streets, no larger than 8 ½" x 11"
- 8 Copies of 8 ½" x 11" site plan showing boundaries of the proposed rezone, structures, driveway etc.
- Application Fee: **\$1,080.00**

**Please see page 5 for detail information of submittal requirements**

Date Received: \_\_\_\_\_

Staff Initials: \_\_\_\_\_

### Office Use Only:

Submittal Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Case No: \_\_\_\_-\_\_\_\_-\_\_\_\_ Related Case No: \_\_\_\_-\_\_\_\_-\_\_\_\_

**W**hen preparing this application, please print or type the reply to each question. If you have any questions, please contact the Development Services Center at (253) 864-4165. The following plans, specifications and other documents pertaining to the application shall be submitted at the time of filing. Please note that incomplete application packets may cause a delay in reviewing your application.

*To help you understand City standards and the Rezone process, a pre-application meeting is strongly encouraged. This pre-application meeting can be scheduled within a short period of time (e.g. 3-5 days) and is free of charge. This meeting could consist of staff representatives from planning, engineering and building divisions, as warranted.*

## Application Information

### Applicant Information:

Name: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Tel: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Email: \_\_\_\_\_

### NATURE OF REQUEST (Please Be Specific)

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**Site Information**

1. Site Address: \_\_\_\_\_ Parcel No: \_\_\_\_\_  
Existing Zoning: \_\_\_\_\_ Proposed Zoning: \_\_\_\_\_  
Property Owner: \_\_\_\_\_  
Mailing address: \_\_\_\_\_  
Square Footage of Property: \_\_\_\_\_  
Legal Description:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Site Address: \_\_\_\_\_ Parcel No: \_\_\_\_\_  
Existing Zoning: \_\_\_\_\_ Proposed Zoning: \_\_\_\_\_  
Property Owner: \_\_\_\_\_  
Mailing address: \_\_\_\_\_  
Square Footage of Property: \_\_\_\_\_  
Legal Description:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Site Address: \_\_\_\_\_ Parcel No: \_\_\_\_\_  
Existing Zoning: \_\_\_\_\_ Proposed Zoning: \_\_\_\_\_  
Property Owner: \_\_\_\_\_  
Mailing address: \_\_\_\_\_  
Square Footage of Property: \_\_\_\_\_  
Legal Description:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Site Address: \_\_\_\_\_ Parcel No: \_\_\_\_\_  
Existing Zoning: \_\_\_\_\_ Proposed Zoning: \_\_\_\_\_  
Property Owner: \_\_\_\_\_  
Mailing address: \_\_\_\_\_  
Square Footage of Property: \_\_\_\_\_  
Legal Description:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**5. CRITERIA:**

Each determination granting a rezone shall be supported by written findings showing specifically wherein all of the following conditions exist:

- 5.1 That the proposed amendment to the zoning map is consistent with the goals, objectives and policies of the comprehensive plan.

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- 5.2 That the proposed amendment to the zoning map is consistent with the scope and purpose of Title 20 of the Puyallup Municipal Code and the description and purpose of the zone classification applied for.

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- 5.3 That there are changed conditions since the previous zoning became effective to warrant the proposed amendment to the zoning map.

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- 5.4 That the proposed amendment to the zoning map will be in the interest of furtherance of the public health, safety, comfort, convenience and general welfare, and will not adversely affect the surrounding neighborhood, nor be injurious to other properties in the vicinity in which the subject property is located.

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**6. CERTIFICATION**

I hereby state that I am the owner or authorized agent listed above, and certify that all information contained above and in exhibits attached hereto are true and correct to the best of my knowledge and belief. I understand that the processing of this application may require additional supporting material upon request of City staff.

RIGHT OF ENTRY: By signing this application the applicant grants unto the City and its agents the right to enter upon the premises for purpose of conducting all necessary inspection to determine compliance with applicable laws, codes and regulations. This right of entry shall continue until a certificate of occupancy is issued for the property.

Signature of Applicant: \_\_\_\_\_

Date: \_\_\_\_\_

Signature of Agent: \_\_\_\_\_

Date: \_\_\_\_\_

Signature of Owner(s):

\_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_  
(Print Name)

**Submittal Requirements for a Rezone**

1. A completed application form. Please print or type.
2. A vicinity map indicating the location of the property in relation to adjacent and major streets.
3. An 8-1/2" x 11" site plan, dimensioned, drawn to scale and including the following items:
  - 3.1. the boundaries of the proposed rezone; and
  - 3.2. all existing and proposed improvements that are located on the property, including buildings, parking areas, landscaping areas, etc.
4. **Submit eight (8) copies of the entire application packet.**
5. Application fee due at time of submittal.
6. Major issues discussed during the Pre-Application meeting:

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