



PLANNING DEPARTMENT

Centralia City Hall, 2nd Floor
118 W. Maple Street
PO Box 609
Centralia, WA 98531

Phone: 360.330.7662
Fax: 360.330.7673
Website: cityofcentralia.com

Rezone Application

Date: _____
Applicant Name: _____
Owner Name: _____
Parcel Number: _____
Legal Description: _____

Land Use and Zoning Information

Existing Zoning: _____
Existing Property Conditions: _____

Proposed Zoning: _____
Proposed Conditions: _____

Adjacent Zoning:
North _____
South _____
East _____
West _____

Adjacent Land Use:
North _____
South _____
East _____
West _____

Rezoning is an amendment to the current zoning map. This map must be consistent with the Comprehensive Plan for the City of Centralia. As such, they must comply with State Code RCW 35.63.090. It is the applicant's responsibility to address the following issues in a written narrative that will be presented first to the Planning Commission for a recommendation and then to the City Council for approval or denial. Please answer these questions on continuation sheets.

1. The proposed rezoning is consistent with the Centralia Comprehensive Plan; and
2. The proposed rezoning bears a substantial relation to public health, safety or welfare and the proposed rezoning promotes the best long term interests of the City of Centralia; and
3. The proposed rezoning meets the City of Centralia's concurrency requirements; and
4. The proposed rezoning is supported by the land use code; and
5. Describe significant adverse impact on the environment and/or the surrounding properties.

For Official Use Only

ZV# _____

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Include a map of the area showing the following but not limited to: current structures and uses, physical characteristics of the property such as size, shape, location, topography, soils, slope ,drainage characteristics, the existence of ground or surface water, the existence of natural, historic or cultural features, road access and utilities. Refer to the Rezone Counter Checklist for a more extensive list.

Applicant Signature _____ Date _____

Applicant Signature _____ Date _____