



BENTON COUNTY PLANNING DEPARTMENT

INFORMATION HANDOUT FOR ZONE CHANGE APPLICANTS

This packet is designed to assist you in preparing your application for a Zone Change. Applications may be submitted to the Benton County Planning Department, P.O. Box 910, 1002 Dudley Avenue, Prosser WA 99350 or to the Benton County Building Department, 5600 W. Canal Drive, Kennewick WA 99336 between 8 a.m. and Noon and 1 p.m. and 5 p.m. Monday thru Friday. Please contact the Planning Department to determine if your proposed zone change would be in compliance with the Benton County Comprehensive Plan.

Please provide the following information at the time of submittal. If any of this information is not provided we may not be able to process your application.

1. A completed Zone Change application and applicable non-refundable fee of **\$840.00**. **All owners with an ownership interest in the property to be reclassified and all persons, if any, with separate ownership interest of the mineral rights in such property must sign the application.**
2. A vicinity map of the proposed zone change that accurately shows the property boundaries, existing streets, roads, and their names.
3. A completed **environmental checklist** signed and dated by the applicant or designated agent along with the **\$300.00 application fee**.

NOTE: APPLICATION FEES ARE NON REFUNDABLE. THERE ARE NO GUARANTEES THAT YOUR ZONE CHANGE WILL BE APPROVED.

Any information submitted to the Benton County Planning Department is subject to public records disclosure law for the State of Washington (RCW Chapter 42.17) and all other applicable law that may require the release of the documents to the public.

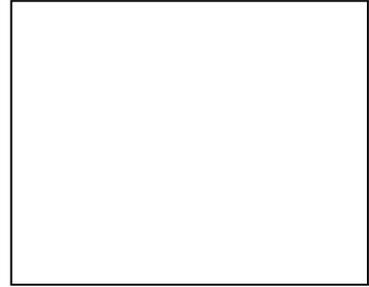
Upon acceptance of your complete application, a file will be setup and a Notice of Application will be published and sent to surrounding property owners within 300 feet of the proposal. An open record hearing date will be set before the Benton County Planning Commission and the applicant notified of the date, time and place of the hearing. Testimony both for and against the proposal will be taken and the applicant will be able to provide rebuttal to all testimony presented. The Planning Commission will then make a recommendation to the Board of County Commissioners. The Board of County Commissioners may approve or deny the zone change request.

APPEAL

If the Planning Commission recommends that the request be approved or denied, the applicant or any party with standing may appeal the decision to the Board of County Commissioners by filing a written notice of appeal with the secretary of the planning commission within fourteen (14) days from such recommendation.

Questions regarding this process should be directed to the Benton County Planning Department, 786-5612 - Prosser or 736-3086 - Tri-Cities. Our office hours are 8 a.m. to Noon and 1p.m. to 5 p.m. Monday through Friday, except holidays.

BENTON COUNTY PLANNING DEPARTMENT
APPLICATION FOR ZONE RECLASSIFICATION



FILE NO: _____

1. Applicant's Name _____
Address _____
Telephone _____

If you wish to be contacted via email please list your email address: _____

2. Owner's Name _____
Address _____
Telephone _____

3. Parcel Number(s) of property to be rezoned:

We the applicant(s) listed above who is/are the owner(s)/contract purchaser(s) do hereby petition the Benton County Planning Commission to have the real property listed above be changed from the zoning classification of _____ to the zoning classification of _____

4. Comprehensive Plan designation _____

5. The change in classification for the above-described property is requested for the purpose of conducting the following described use(s) which is/are known to be consistent with the classification requested: _____

6. The property will be served by:
WATER: Well ___ Private System ___ City System
SEWER: Septic Tank ___ City Sewer ___ Private System
POWER: PUD ___ REA
PHONE: Yes ___ No ___ Name of Utility _____
GAS: Yes ___ No ___ Name of Utility _____
CABLE: Yes ___ No ___ Name of Utility _____
IRRIG.: Yes ___ No ___ Name of Utility _____
PRIVATE IRR. Yes ___ No ___

7. Time schedule for re-development: _____
8. Facts to justify the change on the basis of advancing the public health, safety and general welfare: _____

9. Effect the proposed change will have on adjacent property and on the comprehensive plan: _____

10. Effect on the property owner(s) if the request is not granted: _____

I hereby state that I/we am/are the applicant(s) of this application and that all owners of the property hereby approve this application. I/we also certify that the information given in this application is true and complete to the best of my/our knowledge. I also hereby state that if the signature line for all owners of mineral rights is not completed, there is no separate ownership of mineral rights for the property listed above.

Signature Block for individuals only.

Applicant's Signature	Address
Printed Name	Address
Signature of Person with additional ownership interest	Address
Printed Name	Address
Signature of Legal Owner	Address
Printed Name	Address

Mineral Owner's Signature
(If different from property owner)

Address

Printed Name

If the applicant or legal owner is a corporation / partnership / LLC etc. please use the following signature block. Please copy this page if there is more than one corporation / partnership / LLC signature required.

Applicant or legal owner: _____

By: _____,
(print name) (Title)

Signature: _____,
(Signature) (Title)

The above signed officer of _____ (name of entity) warrants and represents that all necessary legal and corporate actions have been duly undertaken to permit _____ to submit this application and that the above signed officer has been duly authorized and instructed to execute this application.

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FEE: \$840.00 submitted with the application. Checks are to be made payable to the Benton County Treasurer. THERE ARE NO GUARANTEES THAT YOUR APPLICATION WILL BE APPROVED. THIS FEE IS NON-REFUNDABLE.

FOR OFFICIAL USE ONLY:
Critical Area Review Completed by _____ on _____.
Application approved for processing by _____ on _____.
Zoning _____ Comp Plan Designation _____